



Live Free • Yoga Studio
888 Kinderkamack Road • River Edge, NJ
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LIABILITY WAIVER

Agreement of Release and Waiver of Liability

This form covers all classes offered by Live Free Yoga, LLC. Please fill out the following, being sure to read and initial each paragraph.

I, _____, hereby agree to the following:

That I am participating in Yoga, Meditation and Other Programs or Workshops by Live Free Yoga, LLC, during which I receive information and instruction about healthy and safe practice. I recognize that these classes and workshops may require physical exertion, which may be strenuous and could result in physical injury, and I am fully aware of the risks and hazards involved. ____.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in Classes and Workshops. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in these Classes and Workshops. (Doctor's release may be required for certain Programs). ____.

I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program. **I agree to inform my instructor/teacher of any physical limitations, physical discomfort and/or injuries before or during classes**, and I take full responsibility for nondisclosure. ____.

In further consideration of being permitted to participate in Classes, Workshops, and Programs, I knowingly, voluntarily and expressly waive any claim I may have against Live Free Yoga, LLC for injury or damages that I may sustain as a result of participating in this program. ____.

I have read the above release waiver of liability and fully understand its contents. I voluntarily agree to its contents. I voluntarily agree to the terms and conditions stated above. ____.

Signature of Participant: _____ Date: _____

If participant is under 18:
As legal guardian of _____, I consent to the above terms and conditions.

Signature of Participant: _____ Date: _____

Witnessed by: _____