



Live Free • Yoga Studio  
888 Kinderkamack Road • River Edge, NJ  
07661 • 201.638.1740  
**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: \_\_\_\_\_