

Benwell

Natural Health

Name _____

Email _____

Cell Phone Number _____

Address _____

By signing this waiver, I agree and understand the following:

1. The practice of yoga has certain hazards and risks and by which it requires physical exertion that may cause physical injury.
2. I have been advised to consult with a medical physician prior to joining a yoga class, workshop, or any session.
3. In case that instructors provide physical adjustments, I understand that I have the option to opt-out by letting my instructor know my wish not have physical adjustments.
4. I hereby release, waive, discharge and hold harmless the institution, its directors, officers, staff, volunteers, affiliates, and partners from any and all liabilities arising from any untoward incident in my participation to any class, workshop, and relevant sessions which may result to injury, loss, damage, or death.
5. In the event that any dispute arises out of this agreement, and in the event that the dispute could not be resolved amicably, I agree that the dispute shall be resolved by mediation before a mutually agreed and selected mediator by both parties. In the event that a mediation proceeding fails to resolve the dispute, the matter shall be resolved with an arbitrator.

By signing this form, I hereby represent and warrant that I am physically fit and capable to participate for yoga classes, workshop, or activities. I agree and legally bind myself, with full understanding to the contents and meaning of the provisions above. I declare that I am over 18 years of age and fully capable in giving my consent.

Signature _____

Date of Yoga Class _____