

YOGA TEACHER LIABILITY STUDENT WAIVER AGREEMENT

I _____ (print name) understand that yoga includes physical movements as well as an opportunity for relaxation, stress reduction and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the instructor. I acknowledge that I alone am responsible for monitoring my physical discomfort and shall stop any postures that are painful. I will continue to breathe smoothly.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga, and if I have any medical conditions that might affect my abilities, I shall inform the instructor and provide any medical clearance from my doctor if requested by the instructor. I understand that I may not be able to participate in this class if I am not able to provide such clearances.

To qualify to attend the Yoga classes located at Silver Spring Metro Plaza, and in consideration thereof, I hereby certify, covenant, and agree to Jordana Carmel, Yoga Instructor, individually and d/b/a as Urban Sanctuary, and any substitute instructor (hereinafter the "Instructor"), as follows:

1. I am in good physical condition and able to participate in exercises and fitness activities available at the above location. I will do all exercises and participate in all activities at my own pace and at my own risk. I represent that I have no disability, impairment, or ailment preventing me from engaging in active or passive exercise or that will be detrimental to my health, safety or physical condition if I do engage in such activities.
2. I understand that the Instructor represents that neither the Instructor nor any of its employees, personnel or agents has expertise in (a) diagnosing, examining or treating medical conditions of any kind, (b) determining the effect of any specific exercise, or (c) prescribing any exercise program.
3. I understand that in participating in one or more exercises, there is a possibility of accidental or other physical injury or loss of my personal property. I agree to assume that risk of such injury or loss of property, and to indemnify, defend and hold harmless the Instructor and any substitute instructor, officers, directors, shareholders, partners, employees, personnel, agents, or contractors thereof, from liability for any and all injury, loss, illness, harm or damage resulting from my use of the facility or the equipment, other than that which results from the gross negligence or willful misconduct of the Instructor.

Signature of student, parent or guardian

Date