

YOGA 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. Participation in yoga class includes, but is not limited to, participation in meditation techniques, yogic breathing techniques, and performing various yoga postures. Yoga postures, are designed to exercise every part of the body—stretching and toning the muscles and joints, the spine and the entire skeletal system. Yoga incorporates sustained stretching to strengthen muscles and increase flexibility.

Yoga is an individual experience. As is the case with any physical activity, the risk of injury is always present and cannot be entirely eliminated. My signature acknowledges I understand that in yoga class I will progress at my own pace. If I experience any pain or discomfort, I will listen to my body, adjust the posture and immediately ask for support from the teacher. If at any point I feel overexertion or fatigue, I will respect my body's limitations and I will rest before continuing yoga practice.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Your Yoga Journey and/or its owner Betsy Cichelli and Kospia Farms, Alburtis PA and/or its owners.

By signing my name below, I acknowledge that participation in yoga classes exposes me to possible risk. I am fully aware of this risk and hereby release Your Yoga Journey and/or its owner Betsy Cichelli and Kospia Farms, Alburtis PA and/or its owners from any and all liability, negligence or other claims arising from or in any way connected with my participation in yoga class.

My signature verifies that I am physically fit to participate in yoga classes. If I am pregnant or become pregnant or am post-natal, my signature verifies that I am participating in yoga classes with my doctor's full approval.

My signature is binding to this liability waiver from this day forth.

Signature of student, parent or guardian

Date