YOGA FARM
Growing Seeds of Wellness

Yoga Farm Info & Release Form

Name: _____ Age: ____ Birth Date: ___/___/_____

Address: _____

City: _____ Zip: _____

Phone: _____

Email: _____

Emergency Contact Name / Phone : _____

I understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education 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, discontinue the activity, and ask for support from the instructor. I assume full responsibility for any and all damages, which may incur through participation in activities, classes, workshops, hikes or recreation at Yoga Farm.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. By signing, I affirm that a licensed physician has verified my good health and physical condition to participate in such a fitness program. In addition, **I will make the instructor aware of any medical conditions or physical limitations before class**. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my physician's approval to participate. I also affirm that I alone am responsible to decide whether to practice yoga and participation is at my own risk. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Yoga Farm and Christopher Grant.

I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the State of New York.

I agree that Yoga Farm may take and use photographs of me with or without my name for any lawful purpose, for example purposes such as publicity, advertising, and Web content.

Please list any physical conditions or disabilities, current or chronic. This information will help the instructor modify and tailor poses for your comfort and safety. (use back for more space)

_____

Signature: _____ Date: _____

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

Signature of Parent / Legal Guardian _____ Date: _____