

Registration—Waiver and Release

Name: (please print): _____

Emergency Contact _____

Phone _____

Please read the following carefully:

I hereby agree to the following:

1. That i am participating in yoga classes and/or workshops offered by Cathy Cannon Yoga LLC during which i will receive information and instruction about yoga. I recognize that yoga requires physical exertion which may be strenuous, and I am fully aware of the risks and hazards involved. I further acknowledge and fully understand that the activity may include hands -on adjustments, therapy, and vigorous activities. I recognize that the risks inherent in the activity include, but are not limited to, sprains, strains, injured tendons or ligaments, and in some instances might include more severe, and potentially permanent injury. All such risks are known and understood.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the yoga classes and/or workshops to assure myself that i am physically fit and capable of participating in this activity, and i assume all risks for failing to do so. I represent and warrant that i am physically fit and i have no medical condition which would prevent my full participation in the yoga classes and/or workshops. I acknowledge that Cathy Cannon Yoga LLC is relying on these representations in permitting my participation in the activity, and that Cathy Cannon Yoga LLC has no duty to inquire about my physical condition and/or any medical conditions from which i may suffer.
3. I recognize that Cathy Cannon Yoga LLC cannot guarantee my safety. In consideration of being permitted to participate in the yoga classes and/or workshops 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.
4. In further consideration of being permitted to participate in the yoga classes and/or workshops, i knowingly, voluntarily and expressly waive to the fullest extent permitted by law any claim that i may have against Cathy Cannon Yoga LLC for injury or damages that i may sustain as a result of participation in the program, and on behalf of myself my heirs and or my legal representatives i hereby (to the fullest extent permitted by law) waive, discharge and covenant not to sue Cathy Cannon Yoga LLC for any injury or death caused by her negligence or other acts.
5. I understand that Cathy Cannon Yoga LLC has no responsibility for the acts or omissions or any third party, including, without limitation, any other participants in the activity, and that Cathy

Cannon Yoga LLC makes no warranty, representation or guarantee in their regard. **Continued
—please turn over
signature line on back**

6. I fully understand that any medical treatment given will be of an emergency, first-aid treatment nature only.
7. I understand that all participation in any classes and/or workshops is by permission only, and that Cathy Cannon Yoga LLC and their authorized agent(s) reserve the right, in their sole discretion, to refuse entry to and/or dismiss any person from a class and/or workshop.
8. I agree that if any provision of this Registration/Waiver & Release form is found to be invalid for any reason, such invalidity shall not be deemed to invalidate any other part of the Registration/Waiver & Release form.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

date: _____

Signature of Participant : _____

Print Name: _____

IF PARTICIPANT IS A MINOR:

All persons under 18 years of age, unless emancipated, must have the written consent of a parent or legal guardian to participate in yoga classes and/or workshops. I, the undersigned parent or guardian, hereby consent to the applicant's participation and agree to the terms and provisions set forth above.

date: _____

signature of parent or guardian: _____