

Name _____ Email _____
Emergency Contact & Number _____

I am a participant in Yoga Classes and Health Programs offered by Yoga by Kathryn LLC. and facilities all future locations (collectively the "Centers" in the future represented and taught by "Yoga by Kathryn LLC") during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved. 2 In consideration of being permitted to participate in Yoga Classes and Health Programs, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as result of participation in the program. 3 I understand that during classes at the Centers, instructors may physically adjust me. I release all personnel employed at the Centers from any claim whatsoever on account of adjustments, treatment or services rendered during my participation in Yoga Classes, Health Programs or Workshops. 4 In further consideration of being permitted to participate in Yoga Classes and Health Workshops, I knowingly, voluntarily and expressly waive any claim I may against the Centers for injury or damage that I may sustain as a result of participation in Yoga Classes and Health Programs. 5 I understand that it is my responsibility to consult a physician prior to and regarding my participation in Yoga Classes and Health Workshops. 6 I assume all responsibility for all risks of damage or injury that may occur to me as a student of the Centers courses and instruction while attending classes, participation in exercises, using facilities or entering or exiting the studio. 7 I my heirs or legal representatives forever release, waive, discharge and covenant not to sue the Centers for any injury or death cause by their negligence or other acts. 8 Furthermore, I give permission to the Centers to use photographs, video and/or comments in which family members or I have featured. Photographs, video and/or testimonials obtained during and Center for Yoga sponsored event may be shared with program participants, and/or used as a part of a public display which may include on the Yoga by Kathryn website and/or print and electronic publications.

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

Signature of Participant _____ Date _____

**If under 18 years of age
As a legal guardian of _____, I consent the above terms
and conditions.**

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Emergency Contact & Number _____

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