



Compassion Yoga

Agreement of Release and Waiver of Liability

I agree to the following:

1. If I experience any discomfort during the yoga class I will immediately notify the instructor. I understand that yoga should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, or other qualified medical specialist for any mental or physical ailment. Because yoga should not be done under certain medical conditions, I have stated all my known medical conditions, and answered all questions honestly. I agree to keep my record updated with changes in my medical profile and understand there shall be no liability on the part of Compassion Yoga and Lewis Center should I not do so.

2. If participating in yoga classes, I recognize that yoga requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in yoga classes. I state that I am physically fit and have no medical conditions that would prevent my participation in yoga classes. 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 classes.

3. I knowingly, voluntarily and expressly waive any claim I may have against Compassion Yoga and Lewis Center for injury or damages that I may sustain. I, my heirs, or legal representatives forever release, waive, discharge and covenant not to sue Compassion Yoga and Lewis Center for any injury or death caused by negligence or other acts.

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.

Signature: _____

Date: _____