YOGA RELEASE OF LIABILITYAwareness is fundamental to the practice of Yoga. By attending this class, I affirm that I am solely responsible for my health and well-being, as well as my decision to practice yoga, a program of physical exercise. I have enrolled and I am participating in a health and fitness program of physical activity, which may include yoga postures, strength training, stretching, and breathing exercises with the yoga instructor at the Powell Butte Community Center. I hereby waive, the yoga instructor, Chelsie Carter, any substitute instructors or any persons involved in this program from any and all liability from injuries and damages resulting from participation in any activities or use of equipment, props or machinery involved in this fitness program. I fully understand that the program may be strenuous and I choose to participate completely voluntarily. I affirm that I am physically sound and suffering from no condition, impairment, or disease that would prevent my participation or use of equipment in this program. I acknowledge that I have had a physical examination and been given my physician’s approval to participate or have decided to participate in this program and use the equipment without the approval of my physician. I understand that yoga is not a substitute for medical attention, examination, diagnosis or treatment. Additionally, I understand that yoga is not recommended and is not safe under certain medical conditions. I will advise my yoga instructor about any significant health issue or condition, including injuries, and pregnancy before I begin this yoga program. I understand that from time to time, I will receive “hands-on” assistance during these yoga sessions from the yoga instructor, in a manner that is safe and appropriate, and I am comfortable with this aspect of this program. My yoga instructor will maintain all aspects of this program as confidential to the extent protected by the law of the Commonwealth of Oregon. I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing this agreement, and have signed it freely and without any inducement or assurance of any nature. I intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

YOGA PACKAGES & 24-HOUR CANCELLATION POLICYThe fee structure for yoga packages reduces the price of each session and is paid in advance to the instructor. I realize that should I purchase such a package, there is no refund or credit should I not use all sessions included in this package. I am aware of and accept these polices noted above. I understand that a class may be cancelled or rescheduled due to unforeseen events (i.e. weather). Should this happen every effort will be made to provide a 24-hour notice via text message. Classes are not held on the major holidays listed on YogaBarnOregon.com.

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Street Apt City State Zip
Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_

Emergency Contact (Name, #) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Referred by (Name, Flyer, Ad, website, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature if under the age of 18: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_