

## Potch Yoga Agreement of Release and Waiver of Liability Form



Full name: \_\_\_\_\_

Contact number: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Yoga level: ☐ Beginner ☐ Intermediate ☐ Advanced

Do you have any of the following conditions that your instructor should be aware off:

Condition:	Yes	Details	Condition:	Yes	Details
Asthma			Joint injury		
Dizziness / fainting			Muscular injury		
Diabetes			Neck / back / spine injury		
Epilepsy / seizures			Pregnancy		
Heart problems			Recent surgery		
High / low blood pressure			Other		

By completing and signing the attendance register form, I hereby agree to the following:

1. That I am participating in a yoga class, workshop or session offered by Potch Yoga during which I will receive information and instructions about yoga. I recognize that yoga may require some physical exertion, which may be strenuous.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the yoga class, workshop or session. I certify that I am physically fit and I have no medical condition that would prevent my full participation in the yoga class, workshop or session.
3. I understand that it is my responsibility to inform the instructor of any injuries or restrictions before the class.
4. 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 any yoga program and Potch Yoga.
5. I knowingly, voluntarily and expressly waive any claim that I may have against Potch Yoga, its instructors and staff, and its owners, for any injury, death or damages that I may sustain as a result of being in the Potch Yoga facilities or as a result of participating in a yoga class, workshop or session; including loss that may be caused by the negligence of the released party.
6. I release and discharge Potch Yoga, its directors, owners, staff and instructors from any and all liability, claim, demand or action that I may have related to the loss, theft or damage of any of my personal property while at the Potch Yoga facilities.
7. I, my heirs or legal representatives, forever release, waive, discharge and covenant negligence or other acts.

- ☐ I have read the above release and waiver of liability and fully understand its contents.
- ☐ I am 18 years of age or older and voluntarily agree to the terms and conditions stated above.
- ☐ I agree to not visit the studio if I am feeling ill and/or showing any Covid-19 related symptoms.
- ☐ I agree to take responsible measures to limit the spread of Covid-19.

Date: \_\_\_\_\_

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