

Yoga Aims, A Specialty Wellness Center
Informed Consent and Liability Waiver Release

I agree and consent to the following:

I am voluntarily participating in Yoga and all other activities conducted by Yoga Aims, its officers, employees, individual contractors, and agents and conducted at its facilities at 106 South 6th Street, Gadsden, AL 35901. I fully recognize that all activities require physical exertion that are strenuous and may cause physical injuries. I am fully aware of the risks and hazards involved.

I fully understand that it is my responsibility to consult with a physician prior to and regarding my participation in Yoga and all other activities conducted by Yoga Aims, its officers, employees, individual contractors, and agents and conducted at its facilities at 106 South 6th Street, Gadsden, AL 35901. I fully represent and warrant that I have no medical conditions that would prevent my participation in these above mentioned activities.

I fully agree to assume full responsibility for any risks, injuries or damages known or unknown which I might incur resulting from my participation in Yoga and all other activities conducted by Yoga Aims, its officers, employees, individual contractors, and agents and conducted at its facilities at 106 South 6th Street, Gadsden, AL 35901. Such injuries may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, headaches, chest pain or shortness of breath, or any other illness or soreness including death.

I knowingly, voluntarily and expressly waive any claim that I may have against Yoga Aims, its officers, employees, individual contractors, and agents for injuries or damages that I may sustain as a result of my participation in Yoga and all other activities conducted by Yoga Aims, its officers, employees, individual contractors, and agents and conducted at its facilities at 106 South 6th Street, Gadsden, AL 35901.

I, my heirs or representatives, forever release waive, discharge and covenant not to sue Yoga Aims, its officers, employees, individual contractors, and agents for any injuries or death caused by their negligence or other acts.

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

Signature: _____ Date: _____

First Name: _____ Last Name: _____

Email: _____ Phone/cell: _____

Signature of parent/guardian if under 18 y/o: _____ Date: _____

Cancellation Policy

I fully acknowledge that the cancellation policy for all classes/sessions, including private classes, is 24 hours.

Signature: _____ Date: _____

Signature of parent/guardian if under 18 y/o: _____ Date: _____

Emergency Contact

First Name: _____ Last Name: _____

Relationship to Participant: _____

Email: _____ Phone/cell: _____