

# R.B.Y. \* please note I have a 24-hour cancelation policy

Rachel Bennett Yoga

## Client Information

First Name:	Last Name:	Phone Number:
E-Mail:		
Address, City, State, Zip:		

## Agreement of Release and Waiver of Liability

I, \_\_\_\_\_, hereby agree to the following:

1. That I am participating in the Yoga Classes or Workshops offered by Rachel Bennett (dba Rachel Bennett Yoga) during which I will receive information about Yoga and health. 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.
2. I understand that it is my responsibility to consult with a qualified healthcare provider prior to and regarding my participation in the Yoga classes or Workshops. I represent and warrant that I am physically able and I have no medical condition that would prevent my full participation in the Yoga Classes or Workshops.
3. In consideration of being permitted to participate in Yoga Classes or Workshops, 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 program.
4. In further consideration of being permitted to participate in Yoga Classes or Workshops, I knowingly, voluntarily and expressly waive any claim I may have against Rachel Bennett (dba Rachel Bennett Yoga) for injury or damages that I may sustain as a result of participating in the program.
5. I, my heirs or legal representatives, forever release waive, discharge and covenant not to sue Rachel Bennett (dba Rachel Bennett Yoga) for any injury or death caused by their negligence or other acts.

**If my health status is to change, I will inform my instructor prior to continuing participation in the program. I have read the above release and waiver of liability and fully understand its contents and voluntarily agree to the terms and conditions stated above.**

Signature of Participant (or legal guardian): \_\_\_\_\_

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