

6702 Bergenline Ave. West New York, NJ 07093 Phone: 201-590-9917 E-Mail: <u>info.vitalityyoganj@gmail.com</u>

## AGREEMENT FOR INFORMED CONSENT AND WAIVER OFLIABILITY

\_\_\_\_\_, understand and hereby agree to the following:

1.	That I am voluntarily participating in Yoga, Breathing and related Exercises, and exchange of health-related information during which I will receive information and instruction about Yoga, Breathing, related Exercises and health. I recognize that such Yoga, Breathing and related Exercises require physical exertion, which may be strenuous and may involve the risk of injury, and I am fully aware of the risks and hazards involved.
2.	Yoga, Breathing and related Exercises and specific poses therein may not be appropriate and not safe for individual who may have certain medical conditions including but not limited to cardiac illness, blood pressure, later stages of pregnancy, post-surgery, etc.
	I understand that it is my sole responsibility to participate in exercises that are appropriate for the status of my healt while engaging in such Yoga, Breathing and related Exercises. I further understand it is my responsibility to consult with a physician prior to beginning any exercise regimen including my participation in such Yoga, Breathing and related Exercises.
3.	In consideration of being permitted to participate in Yoga, Breathing and related Exercises, I agree to assume full responsibility for any and all risks, injuries or damages, known and unknown, which I might incur as a result of voluntarily participating in Yoga, Breathing and related Exercises.
4.	In further consideration of being permitted to participate in Yoga, Breathing and related Exercises, I knowingly, voluntarily, and expressly waive and release all instructors teaching Yoga, Breathing and related Exercises, Yoga Learning Center & Vitality Yoga & Wellness from any and all claims, costs, liability and expenses for any injury, loss or damage whether known, anticipated or unanticipated that I may sustain arising from my voluntary participation in such Yoga, Breathing and related Exercises.
	I acknowledge that I have read the above release and waiver of liability in its entirety and fully understand its contents. I understand that it contains a release of liability and by signing this document I am waiving certain rights I or my successors might have to bring a legal action or assert a claim against all instructors teaching Yoga, Breathing and related Wellness Exercises, Yoga Learning Center & Vitality Yoga & Wellness. I voluntarily agree to the terms and conditions stated above.
	Date: Participant Signature:
	If participant is under 18: As legal guardian of
	Signature of parent / guardian:
	Email: Phone: