
AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____ PHONE: _____

EMERGENCY CONTACT (NAME/PHONE): _____

Do you have any physical limitations that could be aggravated by exercise (i.e. back, neck, shoulder or knee problems) If so, please explain: _____.

It is your responsibility to inform the instructor of your limitations before class begins. I represent and warrant that I am in good physical health and do not suffer from any medical condition that would limit my participation in the classes offered by *Elizabeth Krenke Wellness*. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any of the yoga classes, programs, or workshops. I understand the risks associated with the activities offered by *Elizabeth Krenke Wellness* and I agree to follow all instructions so that I may safely participate in classes, workshops, or other activities.

I hereby **WAIVE AND RELEASE** *Elizabeth Krenke Wellness LLC*, its owners, officers, employees, and instructors from any claim, demand, cause of action of any kind resulting from or related to my participation in the programs offered at the facility. In taking part in the yoga classes, workshops, or other activities at *Elizabeth Krenke Wellness LLC*, I understand and acknowledge that I am fully responsible for any and all risks, injuries, or damages, known or unknown, which might occur as a result of my participation in the classes, workshops, or other activities.

I have read the above release and waiver of liability and fully understand its content. I am legally competent to sign and voluntarily agree to the terms and conditions stated above.

Please practice mindfully and enjoy the many benefits of practicing yoga with Elizabeth Krenke Wellness.

PRINT NAME: _____

SIGNATURE: _____ DATE SIGNED: _____

If participant is under 18:

As Parent or Legal Guardian of _____ I consent to the above terms and conditions.

PRINT NAME: _____

SIGNATURE: _____ DATE SIGNED: _____