



## Agreement of Release and Waiver of Liability

1. I understand that I am participating in the Yoga classes, Health Programs, or Workshops offered by Empower Yoga, LLC during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion which 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 physician prior to and regarding my participation in the Yoga classes, Health Programs or Workshops. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in the Yoga classes, Health Programs, or Workshops.
3. In consideration of being permitted to participate in the Yoga classes, Health Programs 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 the Yoga classes, Health Programs and Workshops, I knowingly, voluntarily and expressly waive any claim I may have against Empower Yoga, LLC 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 Empower Yoga, LLC for any injury or death caused by their negligence or other acts.
6. I agree to assume all responsibility for any legal fees incurred by the Participant connected with my activities and participation at Empower Yoga, LLC.

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

---

Today's Date

---

Printed Name of Participant

---

Signature of Participant (or Parent/Guardian if under age 18)



Client Information and Questionnaire

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Emergency Contact (name and #): \_\_\_\_\_

Birthday (Receive FREE pass for You on your Birthday ☺): \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Have you practiced yoga in the past? \_\_\_\_\_

If so, for how long and what styles? \_\_\_\_\_

Do you have any Injuries, conditions, or physical limitations? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

What are your goals for yoga? \_\_\_\_\_

Examples: Stress Relief, Improve Health, improve flexibility, strength, community, coordination, endurance and mental focus.