



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.