



New Student Waiver

Date:

First Name:	Middle:	Last Name:
Address:		
City:	State:	Zip:
Email:	Cell:	Home:
Birth date:		
Health Issues or concerns:		

Emergency Contact name and number:

I, _____ hereby agree to the following:

1. That I am participating in the Yoga Classes, Health Programs or Workshops offered by OMG! Yoga. 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 OMG! Yoga, its officers, directors, employees and instructors for injury or damages that I may sustain as a result of participating in the program.
5. I understand that from time to time during classes, I may receive hands-on adjustments from instructors to correct position and/or alignment. If I do not want physical adjustments, I will so inform the instructor at each class I attend. If I do not want to receive such adjustments, or an adjustment has gone too far, I will advise the instructor at that time.

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.

DATE: PARTICIPANT SIGNATURE:

IF UNDER 18 YEARS OF AGE:

AS LEGAL GUARDIAN OF TERMS AND CONDITIONS.	I CONSENT TO THE ABOVE
DATE:	PARENT/GUARDIAN SIGNATURE: