

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, _____, on this date _____ hereby agree to the following:

1. That I am participating in Yoga sessions offered by Jessie Lu Galbraith during which I will receive information and instruction about yoga, self-care, and health.
2. I recognize that yoga requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
3. I understand that yoga is not substitutes for professional medical advice or treatment.
4. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Yoga sessions. I represent and warrant that I am physically fit, and I have no medical condition that would prevent my full participation in the sessions.
5. In consideration of being permitted to participate in Yoga sessions, 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.
6. In further consideration of being permitted to participate in Yoga sessions, I knowingly, voluntarily, and expressly waive any claim I may have against Jessie Lu Galbraith for injury or damages that I may sustain as a result of participating.
7. I, my heirs, or legal representatives' forever release waive, discharge and covenant not to sue Jessie Lu Galbraith for any injury or death caused by their negligence or other acts.
8. PHOTO RELEASE: I further allow Jessie Lu Galbraith to use my image or likeness in any promotional materials. This acceptance and waiver shall bind my heirs, successors, and assigns:
___ YES ___ NO
9. EMAIL LIST: I would like to be included in informaional and promotional emails.
___ YES ___ NO

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

SIGNATURE OF PARTICIPANT

EMAIL

PHONE

EMERGENCY CONTACT AND PHONE