

**Yoga student release and waiver of liability form
for yoga class(es) with Ann Chihak Poff, E-RYT 200
at Garden Home Yoga and Wellness**

I, _____ (print full legal name), agree to participate in yoga class(es) provided to me by Ann Chihak Poff, E-RYT 200 (“Ann”) at Garden Home Yoga and Wellness (8425 SW 88th Ave. Portland, OR 97223). In consideration of Ann’s agreement to instruct me, I do now and forever release and discharge and hereby hold harmless Ann and Sandi Goodwin from any and all claims, demands, damages, rights or causes of action, present or future, arising out of or connected with my participation in the yoga class(es) including any injuries resulting therefrom.

I understand that yoga includes physical movements and also includes, but is not limited to, participation in meditation techniques, yogic breathing techniques and performing various yoga postures, as well as an opportunity for relaxation, stress re-education and relief of muscular tension.

Yoga postures, or asanas, are designed to exercise every part of the body—stretching and toning the muscles and joints, the spine and the entire skeletal system. They also work on the internal organs, glands and nerves. Yoga incorporates sustained stretching to strengthen muscles and increase flexibility.

Yoga is an individual experience. My signature below acknowledges I understand that in practicing yoga with Ann I will progress at my own pace.

As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated.

I understand that the risk of injury includes, but is not limited to, injuries arising from supervised or unsupervised activities or programs; injuries and medical disorders arising from heart attack, stroke, death, heat stress, sprains, broken bones and torn muscles, tendons and ligaments, among others; and accidental injuries. Accidental injuries may include, without limitation, those caused by the undersigned, those caused by other persons, those caused by the use, misuse or malfunction of any yoga prop, and those of a “slip-and-fall” nature.

If I experience any pain or discomfort, I will stop or adjust the posture, and immediately communicate the pain or discomfort to Ann. If at any point I feel overexertion or fatigue, I will respect my body’s limitations and I will rest before continuing my yoga practice.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions.

If I am pregnant or become pregnant or am post-natal, my signature verifies that I am participating in yoga with my doctor's full approval.

I affirm that I alone am responsible to decide whether to practice yoga.

I realize that I am participating in a yoga practice with Ann at my own risk. By signing my name below, I acknowledge that participation in a yoga practice with Ann exposes me to a possible risk of personal injury. I am fully aware of this risk and hereby release Ann Chihak Poff and Sandi Goodwin from any and all liability, negligence or other claims arising from or in any way connected with my participation in yoga instruction from Ann.

I, the undersigned, represent that I am at least 18 years of age and have full legal capacity to enter into this release and waiver.

I have read and fully understand the waiver of liability and release provisions contained herein and understand the effect of the relinquishment of the rights, which I hereby waive.

My signature further acknowledges that I shall not now or at any time in the future bring any legal action against Ann Chihak Poff or Sandi Goodwin; and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors and my assigns.

I hereby agree to indemnify, defend and hold harmless Ann Chihak Poff and Sandi Goodwin from any loss, liability, damage, cost, demands, injuries, actions, suits, or causes of action to myself or property.

My signature is binding to this liability release and waiver from this day forth.

Signature of student
(If under 18, signature of parent/guardian)

(Date)

**New student information for yoga with Ann Chihak Poff, E-RYT-200
at Garden Home Yoga and Wellness**

Name:

Address:

Phone number:

E-mail:

Please state an emergency contact (phone and e-mail) and relationship:

Please list below any known medical conditions (including pregnancy) or physical limitations including injuries or surgeries:

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