

Liability Release

Client Name: _____

If 18 years or younger, guardian name: _____

Cell: _____

Email: _____

_____ By signing up for this class. I understand that yoga includes physical movements as well as an opportunity for relaxation, stress reduction and relief of muscular tension. Asana (yoga posture) means posture easily held. You may rest at any time during the practice. As it is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will notify the teacher immediately. If you have any pre-existing conditions or trouble spots, please make the teacher aware at the start of each class.

_____ By registering for this class, I understand that yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I should consult with a physician prior to beginning any physical activity program, including yoga. I affirm that I alone am responsible whether or not to practice yoga. I hereby agree to release and waive any claims that I have now or hereafter may have against Artemis – The Art of Living or any teacher affiliated with Artemis – The Art of Living. Anyone under the age of 18 must have written parental consent before registering for a class.

_____ By attending classes at Artemis – The Art of Living, I am granting permission for any photos or videos of class to be used periodically in media promotions. If I do not wish to grant this, I must do so in writing at the time of class.

Client signature: _____ D.O.B _____

Guardian signature: _____

Date: _____