

The Painted Yogi Waiver & Release Form

Name: _____ DOB: ____ / ____ / ____

Address: _____

City: _____ Zip: _____

Phone: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

I understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As 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 listen to my body, come out of the posture, and ask for support from the instructor. I will continue to breathe smoothly. I assume full responsibility for any and all damages, which may incur through participation. I understand that I may rest at any time during the class.

It is important in yoga that you listen to your body, and respect its limits on any given day.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. By signing, I affirm that a licensed physician has verified my good health and physical condition to participate in such a fitness program. In addition, I will make the instructor aware of any medical conditions or physical limitations before class. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my physician's approval to participate. I also affirm that I alone am responsible to decide whether to practice in yoga and participation is at my own risk. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against The Painted Yogi and its instructors.

I accept that neither the instructor, nor the hosting facility, is liable for any injury, or damages, to my person or property, resulting from my participating in any class. **Those under 18 years of age must have this form signed by a parent or guardian.**

All cannabis yoga participants must be 21 years of age or older.

If I am participating in The Painted Yogi's cannabis yoga practice, I will agree to abide by Nevada's Driving Under the Influence laws. I agree to make arrangements for a designated driver and release The Painted Yogi from any and all liability and responsibility.

I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the State of Nevada.

Signature: _____ Date: _____