**Liability Waiver Agreement**

YOGA PRACTICE AT / WITHGURU OM YOGA

I understand that it is important in Yoga to listen to my body and respect its limits on any given day.

I agree that if I feel or experience any pain, discomfort or strain at any time during the class, I will listen to my body, gently come out of the posture, discontinue the activity, ask for support from the instructor, continue to breathe smoothly and rest as long as needed.

I understand that Yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. I understand that in Yoga, 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 assume full responsibility for any and all damages, which may incur through participation.

I understand that Yoga is not a substitute for medical attention, examination, diagnosis or treatment. I understand that Yoga is not recommended and is not safe under certain medical conditions. By signing this form, I affirm that a licensed physician has verified my good health and physical condition to participate in such a fitness program, if required. 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 practise 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 GURU OM YOGA and all related facilities and premises for any personal injury or negligence. Additionally, the instructor is not in any way responsible for any loss or damage of your personal property.

If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from.

I have carefully read and fully understand and agree to the above terms of this Liability Waiver Agreement.

I am signing this agreement voluntarily and recognise that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law and that it cannot be changed orally.

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| Signed:  *Those under 18 years of age must have this form signed by a parent or guardian.* |  |
| Printed Full Name: |  |
| Email: |  |
| Mobile Number: |  |
| Disclosed pre-existing injuries, medical conditions or illnesses: |  |
| Emergency Contact Name and Number: |  |
| Witness Name and Signature: |  |
| Date: |  |