

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

Name:	-
Date of Birth:	
Address:	
Email:	Phone:()
Emergency Contact Name/Phone:	
Do you have any physical limitations If yes, please explain:	that could be aggravated by exercise?
and warrant that I am in good physical heal would limit my participation in the classes of that it is my responsibility to consult with a of the yoga or tai chi classes, programs, or	tor of your limitations before class begins. I representh and do not suffer from any medical condition which ffered by Karin German/Yoga On The Go. I understand physician prior to and regarding my participation in an workshops. I understand the risks associated with the The Go and I agree to follow all instructions so that or other activities.
officers, employees, and instructors from an from or related to my participation in the polarises, workshops, or other activities with I understand and acknowledge that I am full known or unknown, which might occur as a other activities. I have read the above release and waiver of	in/Yoga On The Go, Certified Yoga Teacher, its owners by claim, demand, cause of action of any kind resulting programs offered at the facility. In taking part in yoga Karin German/Yoga On The Go, Certified Yoga Teachery responsible for any and all risks, injuries, or damages result of my participation in the classes, workshops, or fliability and fully understand its content. I am legalishe terms and conditions stated above. Please practiciticing yoga.
Print name:	
Signature:	Date:
If participant is under 18: As Parent or Legal Guardian of I consent to the above terms and co	
Print name:	
Signature:	Date :