



AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

Name: _____

Phone: _____ Cell: _____

Email: _____ May we contact you by: Email Phone

Address: _____ City: _____ State: _____ Zip: _____

Birthday (month, day, year): _____ Gender: (Circle) Male Female

Emergency Contact Name: _____ Phone: _____

I, _____, hereby agree to the following:

1. That I am participating in the Yoga Classes, as well as other exercise fitness routines, Health Programs or Workshops offered by Om On Yoga, LLC (herein referred to as Om On Yoga) during which I will receive information and instruction about yoga, fitness, and health. I recognize that yoga, and other exercise fitness routines require physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to, and regarding my participation in Yoga Classes, as well as other exercise fitness routines, Health Programs, or Workshops offered by Om On Yoga. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the Yoga Classes, as well as exercise fitness routines, Health Programs or Workshops. I understand that it is my responsibility to update this waiver with regard to any health condition changes that I experience in the future.
3. In consideration of being permitted to participate in Yoga Classes, as well as exercise fitness routines, Health Programs or Workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of my participation.
4. In further consideration of being permitted to participate in Yoga Classes, as well as exercise fitness routines, Health Programs or Workshops, I knowingly, voluntarily and expressly waive any claim I may have against Om On Yoga for injury or damages that I may sustain as a result of participating in the program, and as a result of my negligence in participating in this activity.
5. I, my heirs, and/or legal representatives' forever release waive, discharge and covenant not to sue Om On Yoga for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above. I realize there are special risks that could be associated with pregnancy, prior surgeries, injuries, and medical conditions that may carry additional health concerns. I have discussed these with my personal physician, and I have obtained his or her concurrence to participate in activities offered by Om On Yoga. I fully understand that Om On Yoga, LLC instructors and staff are not medically trained physicians or experts in medicine, and therefore, realize that their guidance is limited to the practice of yoga and fitness exercise, and the techniques and routines associated with them.

This agreement shall be governed by the laws of the Commonwealth of Virginia.

I am not relying on any oral, written, or visual representations or statements made by Om On Yoga, including brochures or promotional materials to induce me to participate in this activity.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

SIGNATURE OF PARTICIPANT _____/_____/_____
DATE

I am the parent or legal guardian of _____, a minor, and on the minor's behalf, and on my own behalf, and on the behalf of all other parents or guardians of the minor, I accept the release and waiver of liability at the top of this form as inducement for allowing my child, or this minor to participate in the Yoga Classes, Health Programs, and Workshops offered by Om On Yoga. I represent that I have authority to give this release.

SIGNATURE OF PARENTS/GUARDIAN OF PARTICIPANT _____/_____/_____
DATE

WITNESSED BY: _____

How did you hear about Om On Yoga?

Check all that apply:

- Richmond Times Dispatch Yellow Pages Yellow Pages.com Natural Awakenings Ad
- Om On Yoga.com Facebook Twitter Libbie & Grove Association Website
- Web Search Engine (Google, Yahoo, etc.) please specify _____
- Referred by Friend/Family (Name) _____ Other _____

Please answer the following questions. All information will remain confidential.

1. Are there any illnesses, injuries or medical conditions that we should know about? Please list all.

2. If yes, do you have any current restrictions that may hinder your ability to participate in a yoga class or exercise class?

If you answered yes to question #1 or #2 above, have you checked with your doctor to ensure that it is okay for you to participate? Yes/No

3. Have you practiced yoga before? Yes / No

4. If yes, what style, for what period of time, and where?

5. What are your goals for your yoga/exercise practice?

6. Which classes and times interest you?

7. What workshops and special events would you like to see offered?

Other Suggestions/Comments:

Are you ready to..... **Get Your Om On?**