

HEALTH RELEASE FORM

Santosha Yoga, LLC
5810 W 38th Ave. Suite 11
Wheat Ridge, CO 80033
720.989.8606

Name _____ Phone _____

Address _____

City/State/Zip _____

Email _____

Where did you hear about this class? _____

Do you have any physical problems or limitations (surgery, illness, injury, etc.) of which we should be aware?

Please read carefully:

I hereby agree to the following:

1. That I am participating in the Yoga Classes or Workshops offered by Santosha Yoga of Denver during which I will receive information and instruction about yoga. I recognize that yoga requires physical exertion which may be strenuous, 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 the Yoga Classes or Workshops. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in the Yoga Classes or Workshops.
3. In consideration of being permitted to participate in the Yoga Classes and Workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.
4. In further consideration of being permitted to participate in the Yoga Classes and Workshops, I knowingly, voluntarily and expressly waive any claim I may have against Santosha Yoga of Denver, the instructors, and the directors for injury or damages that I may sustain as a result of participation in the program. This release waives any provisions, covenants or other existing Civil Codes which provide that a general release does not extend to claims which the creditor does not know to exist in his favor at the time of executing the release, which if known to him, must have materially affected his settlement with the debtor.
5. I, my heirs or legal representative forever release, waive, discharge and covenant not to sue Santosha Yoga of Denver 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.

Date _____ Signature of Participant _____