

# 3 OMS YOGA AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

\*\*\*\*\* (for minor under age 18) \*\*\*\*\*

Name \_\_\_\_\_ Date of Birth (optional) \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

- How did you hear about 3 OMS YOGA? \_\_\_\_\_
- Do you have any physical limitations that might be aggravated by exercise? (example: injuries, recent surgery, disease)  
Yes\_\_ No\_\_ If yes, please explain: \_\_\_\_\_
- Are you pregnant? Yes\_\_ No\_\_ If yes, when is your due date? \_\_\_\_/\_\_\_\_/\_\_\_\_

**IMPORTANT: It is your responsibility to inform the instructor of your limitations before class begins. Please practice mindfully and enjoy the many benefits of practicing yoga at 3 OMS YOGA!**

I, (Participant print name) \_\_\_\_\_ hereby release 3 OMS YOGA, LLC, the staff and my instructors from responsibility for any injuries I may incur as a result of participation in the programs presented by 3 OMS YOGA. In taking part in yoga classes or workshops at 3 OMS YOGA, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which might incur as a result of participating in the programs. I certify that my level of physical condition determined by my physician and myself will allow me to safely participate in classes at 3 OMS YOGA. I have read the above Release and Waiver of Liability and fully understand its contents. I am legally competent to sign and voluntarily agree to the terms and conditions stated above.

**If Participant is under 18 years of age:** As Legal Guardian of the above Participant, I consent to the above terms and conditions.

Printed Name - Parent/Guardian \_\_\_\_\_

Signature - Parent/Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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