

3 OMS YOGA **AGREEMENT OF RELEASE AND WAIVER OF LIABILITY**

Name _____ Date of Birth (optional)_____/_____/_____

Address _____

City _____ State _____ Zip _____ Email _____

Phone: Cell _____ Home _____ 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, (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.

Signature: _____ Date: _____

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