

Yoga Liability and Photo Release Form

Print Full Name _____ Occupation _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Emergency Contact Person

Name _____ Phone _____

How did you hear about this class? _____

In consideration of my being permitted to participate in Hatha Yoga and any other activities, I, for myself, my heirs, legal representatives, and assigns, hereby release said activity, the activity instructor, Christian County Library and any person responsible for organizing and/or overseeing the activity at the location where the said activity will be conducted, from all suits, claims or demands of any kind, which may result from any injury, illness, loss or damage of any kind, arising out of or in connection with my participation in said activity. My participation in exercise is purely voluntary, and I knowingly and willingly assume all risks associated with it.

I hereby warrant that I am 18 years or older and free to give this release, which I have read and understood.

Previous yoga experience (please briefly describe style and duration) _____

Please describe briefly any other sporting or physical activity that you participate in. _____

Please list any medical condition that we should know about (include past surgeries and serious illnesses). _____

I give my permission for photo or video to be taken and used for any promotional or advertising purpose by Christian County Library. Yes No

Participant's Signature

_____/_____/_____
Date