

**Pure Intentions Body Matrix Vinyasa Yoga  
AGREEMENT OF RELEASE AND WAIVER OF LIABILITY**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have any physical limitations that could be aggravated by exercise (i.e. back, neck, shoulder, knee, heart problems) \_\_\_\_\_

**It is your responsibility to inform the instructor of your limitations before class begins**

I \_\_\_\_\_<sup>(initial)</sup> represent and warrant that I am in good physical health and do not suffer from any medical condition which would limit my participation at the, or within the location of, classes offered by Pure Intentions. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any of the yoga classes. I understand the risks associated with the activities offered at the yoga classes from Pure Intentions.

I hereby **waive and release** Pure Intentions, its owners, officers, employees, and instructors from any claims, demands, cause of action of any wrongdoing resulting from or related to my participation in the programs offered at the facility or by the instructor. In taking part in the classes by Pure Intentions, I \_\_\_\_\_<sup>(initial)</sup> understand and acknowledge full responsibility in any and all risks, injuries, or damages, known or unknown, which might occur as a result of my participation in the classes, workshops or other activities. At no time will the owners, officers, employees, and instructors tolerate what they deem inappropriate behavior.

Please do not ask instructors for a date or act inappropriately. If at any time the instructor feels inappropriate actions towards them or others they will ask you, the signer of this document, to leave and request that you do not attend their classes anymore. We stand behind our staff and at all times act professionally.

**I have read the above release and waiver of liability and fully understand its content. I am legally competent to sign and voluntarily agree to the terms and conditions stated above.**

Please practice mindfully and enjoy the many benefits of practicing with Pure Intentions Yoga.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**If participant is under 18:**

As parent or legal guardian of \_\_\_\_\_ I consent to the above terms and conditions.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

