



118 Cater Lane
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Waiver of Liability

Name:	
Address	
City, State, Zip	
Phone #:	
Email Address:	
Emergency Contact Name/Phone	

I represent and warrant that I am in good physical health and do not suffer from any medical condition(s) that limit my participation in the classes offered by Mountain Yoga. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any of the yoga classes offered by Mountain Yoga. I understand the risks associated with the activities offered by Mountain Yoga, and I agree to follow all instructions so that I can safely participate in yoga classes.

I acknowledge that participation in yoga classes or any other fitness exercise classes exposes me to possible risks of personal injury. I am fully aware of these risks and hereby release Mountain Yoga, and/or any other persons who may teach at Mountain Yoga, from an and all liability, negligence, or other claims arising from, in in any way connected with, my participation in their yoga classes and any other exercise classes offered by them.

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 benefits of practicing yoga with Mountain Yoga.

Printed Name: _____

Signature: _____ Date: _____