



WAIVER

Name (Please Print): _____

Date of Birth: _____

Address: _____

Email: _____

Emergency Contact: _____

Name	Phone number
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All exercise programs, no matter how gentle or carefully designed, involve a risk of injury. By signing this form I release Melanie Harrington, The Yoga Exchange and its teachers and staff from any and all liability for injuries that result from my participation in this event.

If I experience pain or discomfort during this event, I will immediately discontinue further participation in the activity. It is my responsibility to know my limits and know that what the instructor is providing is a guide for my own practice. I will respect my body's abilities and limits and never perform postures that are painful.

Because certain postures are contraindicated under certain medical conditions, I affirm that I am in good health and have the physical ability and capacity to participate safely in this activity.

I understand that The Yoga Exchange is in no way responsible for the safekeeping of my personal belongings while I attend the event.

Signed: _____ **Date:** _____