



harmony house yoga
where peace comes to life

Consent Form / Waiver & Release

Name: _____ Date: _____

Address: _____

Email address: _____

Phone number: _____

Birthday (optional): _____

I choose to participate in the yoga class offered by Darlene Mars and Shanti Centers Inc. dba Harmony House Yoga and recognize that the yoga classes require physical exertion which may cause physical injury. I am fully aware that there are possible risks involved.

I understand that it is my responsibility to consult a physician prior to participating in yoga classes. I warrant that I am physically fit and do not have medical conditions which would prevent my participating in yoga classes.

I recognize the various suggested poses should be approached in a gentle fashion. If any movement brings discomfort, I know to modify the pose as deemed necessary to my physical needs.

I agree to assume full responsibility for any injuries sustained and I release Darlene Mars and Shanti Centers Inc. dba Harmony House Yoga from any and all liability as a consequence of my participation in yoga classes.

I have read and fully understand this consent form / waiver & release and accept its contents:

Participate Signature

Date

If participant is under age 18:

As legal guardian of _____ I consent to the above terms and conditions.

Parent / Guardian of Participant's Signature

Date