Kate M. Gibbs
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STUDENT LIABILITY WAIVER AGREEMENT

I, _____ (print name), understand that yoga includes physical movements designed to address strength and flexibility as well as an opportunity for relaxation, stress reduction, and relief of muscular tension.

Participation in yoga class or private yoga instruction includes, but is not limited to, participation in meditation techniques, yogic breath techniques (pranayama), and various yoga postures (asana). Yoga postures are designed to exercise each part of the body – stretching and toning the muscles, joints, and entire skeletal system. They also work the internal organs, glands, and nerves. The way yoga affects each person is an individual experience and dependent upon each person's emotional and physical background.

As is the case with any physical activity or movement modality, the risk of injury is always present and cannot be completely eliminated. My signature acknowledges I understand that in yoga class I will progress at my own pace. If I experience pain or discomfort, I understand that it is my reasonability to listen to my body, stop or adjust the postures, and ask for help or modifications from my instructor. My signature verifies that I am physically able to participate in yoga class and/or private yoga instruction and if I am undergoing medical treatment for any reason (including pregnancy), I am participating in yoga with my doctor's full approval.

I understand that yoga is not a substitute for medical attention, examination, diagnosis, or treatment. I understand that practicing yoga is my own choice. By signing my name, I acknowledge that participation in a yoga class or private yoga instruction exposes me to possible risk of personal injury. I am fully aware of the risks and my responsibility as a student and hereby irrevocably release Kate Gibbs (TEACHER) from any and all liability, negligence, or other claims I may have, now or hereafter, arising from, or in any way connected with, my participation in yoga class or private yoga instruction.

_____ _____

Signature of student, parent, or guardian Date

_____ _____

Signature of teacher Date