

Waiver & Release Form

Physical exercise can be strenuous and subject to risk of serious injury. If you have any concerns, please obtain a physical examination from a doctor before participating in any exercise activity.

I, _____ have voluntarily agreed to follow along with the pre-recorded yoga instruction classes with Tara Purvis Stokes (Instructor). I agree that by participating in physical exercise, I am doing so entirely at my own risk. I agree that I am voluntarily participating in these activities and assume all risks of injury, illness, or death. I recognize that the instructor will not be able to assess me and that by choosing to follow along with the pre-recorded video may involve serious risks.

I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this exercise program. I understand that it is my sole responsibility to participate in exercises that are appropriate for the current status of my health. If I have any concerns about whether or not a particular exercise is appropriate to my current health status, I understand it is my responsibility to ask my doctor if this activity is appropriate before I participate in such activity.

I acknowledge that I have carefully read this "waiver and release" and fully understand that it is a release of liability. I expressly agree to release and discharge the Instructor from any and all claims or causes of action and I agree to voluntarily give up or waive any right that I may otherwise have to bring a legal action against the Instructor for personal injury or damage. I agree not to hold the Instructor responsible for any damages or injuries that may arise as a result of my participation. I have been informed, understand, and am aware that strength, flexibility, and aerobic exercise can pose a risk of injury.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence.

By signing this release, I acknowledge that I understand its content and that this release cannot be modified orally.

Signed: _____

Printed Name: _____

Date: _____

Witness (Instructor): _____