

Moksha Yoga London
Agreement of Release and Waiver of Liability

HOW DID YOU HEAR ABOUT MOKSHA YOGA LONDON?

CHECK HERE TO RECEIVE OUR MONTHLY E-NEWSLETTER: WHAT IS YOUR E-MAIL ADDRESS?

ARE THERE ANY INJURIES, AILMENTS, OR MEDICATIONS THE INSTRUCTOR SHOULD KNOW ABOUT?

I, (print name) _____, AGREE TO THE FOLLOWING:

- 1. That the instruction offered by Moksha Yoga London is limited to that of instruction in basic yoga health.**
- 2. That even with clear instruction, there is a possibility of injury, and that it is my responsibility to consult a physician regarding my ability to participate before coming to Moksha Yoga London.**
- 3. I attest that I have no psychological, medical or emotional condition that would prevent me from safe participation in a Moksha Yoga class.**
- 4. I release and discharge Moksha Yoga London, its directors and its instructors from any and all liability, claim, demand or action that I may have resulting from injury, death or damages arising from my participation in the yoga class or at the yoga studio, including loss that may be caused by the negligence of the released party.**
- 5. I release and discharge Moksha Yoga London, its directors and its instructors from any and all liability, claim, demand or action that I may have related to the loss, theft or damage of any of my personal property from the Moksha Yoga London premises.**
- 6. I recognize that this agreement of release and waiver of liability is a legal contract and that, by reading it carefully, I have complete knowledge of its contents.**

I have read this agreement and fully understand its content and meaning, and sign it of my own free will.

Participant signature: _____ Date: _____

Phone #: _____ Post Code: _____

If the participant is under the age of 18 years:

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

Signature of parent/guardian: _____ Date: _____