Name _____ **phone** _____

Address _____ **City, State, zip** _____

Email _____

Agreement of Release and Waiver of Liability

I, _____ (print name) understand that yoga includes physical movements as well as an opportunity for relaxation, stress reduction and relief of muscular tension. I understand I will receive information and instruction, including verbal cues and demonstrations about yoga and health. As is the case with any physical activity, the risk of injury, even serious disabling, is always present and cannot be entirely eliminated. It is my responsibility to consult with a physician prior to my participation in the yoga class.

I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the yoga class. I am aware I may receive verbal cues to adjust my physical movements. I agree to take full responsibility for any risk, loss, claim, injury, damage or liability, known or unknown, which I might incur as a result of participating in the program.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I knowingly, voluntarily, and expressly agree to accept full responsibility and assume the risk for my use of or participation in any and all classes, activities, apparatus, appliance, facility privilege or service, of any nature, which is owned or operated by Creative Nature, of Stream Source, LLC. While engaging in any class or activity operated, organized, arranged or sponsored by Creative Nature, of Stream Source, LLC, it's representatives, and agents, forever harmless from any and all loss, claim, injury, damage or liability sustained or incurred by me. I specifically agree to indemnify and hold harmless Creative Nature, of Stream Source, LLC as to any loss, cost, claim, injury, damage or liability, sustained or incurred by participating in the classes, or through my use of the facilities or equipment of Creative Nature, of Stream Source, LLC which is caused by an act or omission, whether negligent, intentional or otherwise, of an employee, representative, or agent of Creative Nature, of Stream Source, LLC.

I, my heirs, or legal representative forever release waive, discharge and covenant not to sue Creative Nature, of Stream Source, LLC for any injury or death caused by my participation in the yoga class. My signature below constitutes my full acceptance of this waiver.

I have read the release and waiver of liability and fully understand its consent. I voluntarily agree to the terms and conditions stated above.

Signature of participant _____

Parent signature (if under 18)_____

Emergency Contact _____ **phone** _____