

# **Wavelengths Yoga Program RELEASE AGREEMENT AND WAIVER OF LIABILITY**

I, \_\_\_\_\_, hereby agree that:

1. I am voluntarily participating in Yoga Instruction offered by Caroline Owen and Wavelengths Yoga. I recognize that yoga requires physical exertion and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in Yoga Instruction. I warrant that I am aware of any medical condition that I may have, which may affect my participation.
3. I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I or my property might incur as a result of participation in the program.
4. I knowingly, voluntarily and expressly waive any claim I may have against Caroline Owen and Wavelengths Yoga for injury or damages that I may sustain as a result of participation in the program.
5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to take legal action against Caroline Owen or Wavelengths Yoga for any injury or death caused by their negligence or other acts.

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

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SIGNATURE OF PARTICIPANT

DATE