



APM YOGA CLASS

SIGN IN AND WAIVER OF LIABILITY

(to be completed BEFORE first class, please print clearly)

- 1) I understand that I am participating in a Yoga Class offered by **APM Spine and Sports Physicians**, during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion which may be strenuous 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, any participation in the yoga class. I represent and warrant that I am physically fit, and I have no medical condition which would prevent my full participation in the yoga class.
- 3) In consideration of being permitted to participate in the yoga class, I agree to assume full responsibility for any risks, injuries or damages, known, and unknown, which I might incur as a result of participating in the program.
- 4) In further consideration of being permitted to participate in the yoga class, I knowingly, voluntarily and expressly waive any claim I may have against **APM Spine and Sports Physicians** for injury or damages that I may sustain as a result of participating in any program.
- 5) I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue **APM Spine and Sports Physicians** for any injury or death caused by their negligence or other acts.

My Name and Signature below indicate that I have read the above release and waiver of liability and fully understand its contents, and that I voluntarily agree to the terms and conditions.

Name (please print): _____ **Date:** _____

Signature: _____

Phone: _____ **Email**

Address: _____

City: _____ **Zip Code:** _____