

Step By Step Wellness  
Waiver of Liability

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Birthday (month, day, year): \_\_\_\_\_  
Gender: (Circle) Male Female  
Emergency Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

I, \_\_\_\_\_, hereby agree to the following:

1. That I am participating in the Yoga Classes, as well as other exercise fitness routines, Health Programs or Workshops offered by Step By Step Wellness (herein referred to as SBS) during which I will receive information and instruction about yoga, fitness, and health. I recognize that yoga, and other exercise fitness routines require physical exertion that 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 my participation in Yoga Classes, as well as other exercise fitness routines, Health Programs, or Workshops offered by SBS. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the Yoga Classes, as well as exercise fitness routines, Health Programs or Workshops. I understand that it is my responsibility to update this waiver with regard to any health condition changes that I experience in the future.
3. In consideration of being permitted to participate in Yoga Classes, as well as exercise fitness routines, Health Programs or Workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of my participation.
4. In further consideration of being permitted to participate in Yoga Classes, as well as exercise fitness routines, Health Programs or Workshops, I knowingly, voluntarily and expressly waive any claim I may have against SBS for injury or damages that I may sustain as a result of participating in the program, and as a result of my negligence in participating in this activity.
5. I, my heirs, and/or legal representatives forever release waive, discharge and covenant not to sue SBS 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. I realize there are special risks that could be associated with pregnancy, prior surgeries, injuries, and medical conditions that may carry additional health concerns. I have discussed these with my personal physician, and I have obtained his or her concurrence to participate in activities offered by SBS. I fully understand that SBS instructors and staff are not medically trained physicians or experts in medicine, and therefore, realize that their guidance is limited to the practice of yoga and fitness exercise, and the techniques and routines associated with them.

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.

Participant Signature:

Date:

Minor Release

I am the parent or legal guardian of \_\_\_\_\_, a minor, and on the minor's behalf, and on my own behalf, and on the behalf of all other parents or guardians of the minor, I accept the release and waiver of liability at the top of this form as inducement for allowing my child, or this minor to participate in the Yoga Classes, Health Programs, and Workshops offered by SBS. I represent that I have authority to give this release.

Signature:

Date: