



Waiver of Liability and Communication Release

Please complete this form in its entirety.

Name: _____
Phone: _____
Email Address: _____
Home Address: (Street) _____
(City, State, Zip) _____
Date of Birth: ___/___/____
Gender: _____
Emergency Contact Name: _____
Emergency Contact 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 SBSW) 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 SBSW. 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 program or workshops, I knowingly, voluntarily and expressly waive any claim I may have against SBSW 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 SBSW 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 SBSW. I fully understand that SBSW 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.

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 SBSW. I represent that I have authority to give this release.

Parent/Guardian Signature: _____ Date: _____

PHOTO RELEASE:

By signing below, I consent and authorize Step by Step Wellness, COPC – Step by Step Pediatrics and the teachers affiliated with these entities to use photographs of me and/or my child(ren). These photographs will be used for the sole purpose of marketing and advertising (in print and/or digital) the wellness offerings of the aforementioned entities. No compensation will be made to the undersigned for use of any images. The undersigned hereby releases SBSW, COPC, its agents, employees and assigns from any and all claims related to COPCs use of the images.

Signature: _____ Date: _____

NEWSLETTER:

Participants in the SBSW yoga classes, exercise fitness routines, health programs and workshops will be automatically signed up to receive the SBS Peds and Wellness Newsletter via the email account listed above. If you do not wish to receive the newsletter, please check the box below.

I do NOT want to receive the SBS Peds and Wellness Newsletter.