

Carter Yoga Virtual Studio WAIVER FORM - Liability/Medical Release

*First & Last Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Primary Phone: (____) _____ Birthday (mm/dd/yy): ____/____/____
E-mail: _____

I hereby agree to the following:

1. I am participating in online live stream yoga classes during which I will receive information and instruction about yoga and health. I recognize that yoga requires a certain level of physical exertion, which may be strenuous at times 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 these online live stream yoga classes. I represent and warrant that I am physically fit and have no medical condition that would prevent my participation in the program.
3. By signing this release, I assume all the risks of injury, loss, or expense of any kind resulting from my participation in the classes. I, my heirs, or legal representative will not hold Scott Carter, Carter Yoga Virtual Studio or any one associated with the classes, liable for any injury, loss, or expense suffered as a result of my participation. This release will apply to each and every class that I participate in, including any future yoga classes/programs that I will register in at Carter Yoga Virtual Studio.

I have read the above and fully understand its contents. I voluntarily agree to the terms and conditions stated above, and I certify that the information contained on this form is accurate and complete.

Signature: _____ Date: _____