



Bethany K. Britton
 E-RYT200 Certified Yoga Teacher
 RPYT Certified Prenatal Yoga Teacher



Agreement of Release and Waiver of Liability for Yoga Classes, Events & Workshops

Please fill out the following. Be sure to read and initial each paragraph.

I, _____ hereby agree to the following:

1. _____ I understand that I am participating in yoga classes / workshops offered by Bethany K. Britton during which I will receive information about yoga and yoga instruction. I understand there is an inherent risk associated with any exercise program including my voluntary participation in a yoga class / workshop. I acknowledge that participating in such classes will require physical exertion, may be strenuous, and may expose me to a risk of personal injury. I understand that yoga instructors may physically assist in holding, modifying, or moving me into and out of certain yoga postures.
2. _____ I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the yoga classes / workshops offered or that I have decided to participate in yoga classes voluntarily and without the approval of my physician and do hereby assume all responsibility for my participation in any yoga class or workshop offered by Bethany K. Britton.
3. _____ I represent and warrant that I am physically fit and I have no medical conditions, impairments, diseases, or any other illness that would prevent my full participation in the yoga classes / workshops. If at any time I believe a portion or aspect of the class is unsafe for me such as but not limited to: pain, overly exerted, fatigued, or apprehensive with any portion of class, or simply that I am unable to participate due to physical or medical conditions, I agree to stop participating in class immediately and will alert the teacher.
4. _____ I, my heirs, or legal representatives, do hereby forever waive and release Bethany K. Britton from any and all liability and responsibility for injury, accident, illness, legal and medical fees sustained now or in the future resulting from my participation in any exercise/yoga activity, classes, workshops, or use of any yoga props.
5. _____ I understand that BethanyK. Britton may suggest a space for which I can place my personal belongings during my participation in yoga classes / workshops, however, I agree that Bethany Britton is in no way responsible for the loss or damage of my belongings while I attend any classes or workshops.
6. _____ I acknowledge that I have read this waiver of liability form. I fully understand its terms and conditions, and understand that I am waiving and giving up my right to sue Bethany K. Britton. I acknowledge that I am signing this agreement voluntarily, and intend by my signature for this to be a complete and unconditional release of liability to the greatest extent allowable by law.

Participants' Signature _____ Date _____

Participants' Name _____ Phone _____

Email Address _____

** Would you like to receive information via email about upcoming classes and workshops with Bethany? Y _____ N _____

EMERGENCY CONTACT INFORMATION

Name _____ Relation _____ Phone _____

Please take a moment to complete the following:

Please indicate here of any physical and/or medical conditions or disabilities, current or chronic, which might limit participation in classes / workshops. Please indicate if you are or think you may be pregnant. This information is strictly for my knowledge so that I may serve you best throughout your yoga practice. Your information will not be shared, unless in the case of an emergency to alert medical personnel.

Have you ever practiced yoga before? If yes, how long have you been practicing?

Anything else you would like to share or might have questions or concerns about?

Bethany K. Britton
www.bethanybrittonyoga.com
bethanybrittonyoga@gmail.com

