



Solution-Oriented Therapy
Joyful Yoga

Agreement of Release and Waiver of Liability

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

How did you hear about us? _____

Please list any physical conditions or disabilities, current or chronic, as well as any medications being taken at this time. This will help your instructor modify poses for your comfort and safety.

I, _____, hereby agree to the following:

1. That I am participating in the Yoga Class offered by Kym Coco, representative of Solution-Oriented Therapy (SOT), during which I will receive information about yoga and health. I recognize that yoga involves physical exertion which may be strenuous or may cause physical injury. 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 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 this class.
3. I agree to assume full responsibility any risks, injuries, or damages, known or unknown, which I might incur as a result of participating in this program.
4. I knowingly, voluntarily, and expressly waive any claim I may have against SOT for injuries or damage that I may sustain as a result of participating in this yoga program.
5. I, my heirs or legal representatives, forever release, waive, and discharge and covenant not to sue 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 as stated above.

Signature: _____ Date: _____

As Legal Guardian of _____, I consent to the above terms and conditions.

Signature of Parent/Legal Guardian: _____ Date: _____