

# Creston New Horizons Seniors Society Liability Waiver

## Yoga

Yoga Instructor: Kat Rogers      Contact Information: [katrin.rogers@gmail.com](mailto:katrin.rogers@gmail.com)

Participant: (print) \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

### **Assumption of risk, release and waiver of liability:**

I, the undersigned, understand that participation in yoga classes offered by Creston New Horizons Seniors Society involves physical movements and exercises which may pose a risk or medical complications.

I certify that I am physically fit to participate in yoga instruction or have consulted a medical professional.

I agree that I am fully responsible for my own health and well being during yoga classes and participate at my own risk.

I release, waive and discharge Kat Rogers (Kat's Stretch Yoga) and Creston New Horizons Seniors Society of any claims arising from my participation in yoga classes. I understand that this is a binding document.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency contact name and phone number \_\_\_\_\_

Relationship \_\_\_\_\_