Liability Waiver

This agreement affects your legal rights, please read through it carefully before signing.

By signing my name below, I understand that risk of injury, including serious or disabling, always associated with any physical activity, including yoga and meditation. I also understand that it is my responsibility to listen to my body and adjust my posture or move to a position of rest if I experience any pain or discomfort during my practice.

I understand that yoga and meditation are not substitutes for professional medical attention, examination, diagnosis, or treatment. I acknowledge that Jennifer Baetz is not a medical professional and guidance she offers in yoga and meditation classes is not medical advice.

I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows: I (a) **irrevocably waive, release and discharge from any and all liability** for my death, disability, person injury, property damage, property theft or actions of any kind which hereafter may occur to me, including my traveling to and from yoga and/or meditation classes, Jennifer Baetz (Moody Moon Yoga), who is hosting these classes and where sessions are being held, and each of residents; and (b) **indemnify, hold harmless and agree not to sue** the entities or persons mentioned in this paragraph as to any and all liabilities or claims made as a result of participation in the yoga and/or meditation classes, whether caused by the negligence of releases or otherwise.

My signature further acknowledges that I shall not now or any time in the future bring any legal action against Jennifer Baetz (Moody Moon Yoga) and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors and my assigns.

By signing my name below, I acknowledge that I am advised to consult a licensed medical doctor prior to engaging in fitness activities and exercise, including yoga and/or meditation classes, to verify that I am in suitable condition to participate in classes.

Prior to participating in yoga and/or meditation classes, I will inform Jennifer Baetz of any injuries, illnesses, or other medical conditions that may impact my participation in activities.

I certify that I have read this document and understand its content. I am aware that this document is a release of liability and I sign it of my own free will.

_____

Name of student (please print clearly)

_____

Signature of student

_____

Signature of parent or guardian if student is less than 18 years of age

_____

Date