

Release And Waiver Of Liability

Name _____

Street Address _____

City, State & Zip Code _____

Phone Number _____

Email _____

In any physical activity, risk of serious physical injury is possible. Yoga and other activity is no substitute for medical diagnosis and/or treatment. The student assumes the risk of yoga or other activity and releases the teacher(s), Southington High School and SHS Band Bakers from any liability claims.

I, _____ (please print name), am participating in a class or workshop with Karin Terebessy of SHS Band Bakers at Southington High School. I am aware of the physical risks involved with exercise and understand it is my personal responsibility to consult with my doctor regarding my participation. I have no medical conditions, that I am aware of, which would prevent me from taking part in classes or workshops, and I assume responsibility for any risk or injury I may sustain as a result of my participation. I have read the above release and waiver of liability and understand its contents. I understand that it is my responsibility to find a pace that suits me. I agree to the terms and conditions stated above.

Date _____

Signature _____