

Inner Being LLC  
[www.innerbeing.yoga](http://www.innerbeing.yoga)  
914-610-0937

## Agreement of Release and Waiver of Liability

PLEASE PRINT CLEARLY

Participant Name (First and Last) \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Birthday \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Name and Phone Number  
\_\_\_\_\_

**I represent and warrant that I am physically fit and have no medical conditions that would prevent my full participation in a yoga class. I understand that it is my responsibility to consult a physician prior to and regarding my participation in yoga classes.**

**I agree and assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of my participation in Yoga.**

**I will be responsible for all personal items and will not hold Inner Being LLC or any of its instructors responsible for said effects in the event of loss or theft.**

**I understand that Inner Being LLC may use photos of my image, videos and photos for related promotions and programs. By signing this waiver, I authorize use of such use of photos, images, videos etc.**

Student Signature \_\_\_\_\_

Date \_\_\_\_\_