

## Enerchi Yoga & Antigravity® Yoga: Waiver & Release of Liability

<b>Name:</b>		<b>DOB if under 18:</b>	
<b>Address:</b>			
<b>Email:</b>		<b>Phone:</b>	
<b>Emergency Contact:</b>		<b>Phone:</b>	

**Medical History**

Do you have any existing injuries, medical conditions or have had recent surgery? **Yes / No**  
 If yes, please provide brief details.

1. I represent that I am physically capable of participating in the yoga classes provided by Enerchi.
2. I understand that yoga and physical exercise can be strenuous and subject to risk of serious injury. I understand that no exercise, activity, or yoga program should be taken without the consent of a doctor or physician and I am responsible for undertaking to obtain such consent.
3. If you have any of the below conditions, please consult your physician before participating in an **Antigravity® Yoga Class:**

Pregnancy	Recent head injury	Recent surgery (esp. shoulder, eyes, back, hips, hands or wrist)
Cerebral Sclerosis	Propensity for Fainting	Radiculitis (inflammation of nerve root in spine)
Heart disease	Severe arthritis	Disc herniation or acute discogenic disease
Easy onset vertigo	Sinusitis or head cold	Osteoporosis/bone weakness
Recent stroke	Hiatal hernia	Severe muscle spasms
Artificial hips	Botox (within 6 hours)	Carpal tunnel syndrome
Glaucoma		Very high or low blood pressure

4. I agree that if I engage in any physical activity, or use Enerchi & Antigravity® Yoga amenities on the premises or off premises, including any sponsored Antigravity® Yoga event, I do so entirely at my own risk.
5. I understand that Yoga and Antigravity® Yoga may be physically demanding and I take full responsibility for knowing, monitoring, and acting within my abilities and learning and incorporating any modifications or adaptations necessary to proceed with such activities in a safe and appropriate manner.
6. I agree that I am voluntarily participating in the activities provided, directly and indirectly, by Enerchi & Antigravity® Yoga and the use of facilities and premises provided and assume all risks of injury, illness, or death.
7. I agree Enerchi & Antigravity® Yoga and its directors, instructors, apprentices, employees, agents, and assigns shall not be liable or responsible for any injuries to me which may occur as a result of:
  - (a) my use of all amenities and equipment provided by Enerchi & Antigravity Yoga® and my participation in any activity, class, program, or instruction
  - (b) Enerchi & Antigravity® Yoga's instruction, training, supervision, or dietary recommendations
  - (c) my slipping and/or falling while in or on Enerchi premises, including adjacent sidewalk areas.
8. I expressly agree to release and discharge Enerchi & Antigravity® Yoga and its directors, employees, agents, affiliates, representatives, successors, assigns and instructors for any and all claims, causes of action or judgments that may arise out the events noted in Item 7 above and I agree to voluntarily forfeit or waive any right that I may otherwise have to bring a legal action against Enerchi & Antigravity® Yoga for personal injury or property damage. To the extend that statute or case law does not prohibit release for ordinary negligence, this release applies to any ordinary negligence on the part of Enerchi & Antigravity® Yoga, its agents, officers, directors, and employees.
8. I expressly agree that this release shall be binding for my heirs, executors, administrators and assigns.
9. By signing this document, I acknowledge that I have read this Waiver and Release, understand all of its terms and understand that it is a RELEASE OF LIABILITY. I execute it voluntarily and with full knowledge of its significance.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_ (If under 18)

**Sign** \_\_\_\_\_