

Inner Connections Yoga, Spa, & Wellness Centers
Prenatal Yoga Waiver: Release and Consent

This is a consent and release of liability. Please read carefully before signing.

I, _____, have made a voluntary request to participate in a prenatal yoga program at Inner Connections Yoga, Spa, & Wellness Centers and I do hereby agree to the following:

1. I acknowledge that I need to fill out a release form for Inner Connections, obtain a physicians approval form, and fill out a medical history form prior to beginning this yoga series. I fully understand that the program may be strenuous and choose to participate completely voluntarily. I accept all responsibility for my health and any resultant injury or mishap that may affect my well-being or health and/or my baby's well-being or health in any way.
2. I freely, voluntarily and with such knowledge assume the risk associated with prenatal exercise programs. I take full responsibility for the ramifications of my actions and physical condition in connection with my participation in this prenatal yoga series. I understand that questions about yoga postures are encouraged and welcomed.
3. I FURTHER AGREE THAT FOR MYSELF, MY HEIRS, PERSONAL REPRESENTATIVES, EXECUTORS, ADMINISTRATORS AND ASSIGNS TO HOLD HARMLESS AND INDEMNIFY THE INSTRUCTOR AND INNER CONNECTIONS YOGA, SPA, & WELLNESS CENTERS AGAINST ANY AND ALL LIABILITY, CLAIMS, CAUSES OF ACTION, SUITS, DAMAGES OF EXPENSES OF ANY KIND AND NATURE INCURRED OR ARISING BY REASON OF ANY ACTUAL OR CLAIMED NEGLIGENT OR WRONGFUL ACT OR OMISSION BY ME WHILE PARTICIPATING IN SUCH YOGA PROGRAM.

I hereby represent that I have carefully read, understand and agree to the contents of this Release and consent and sign the same voluntarily and of my own free will.

CAUTION: READ THIS DOCUMENT IN FULL BEFORE SIGNING

Name _____
Address _____ City _____ Zip _____
Telephone (home) _____ (work) _____

Contact in Emergency:

Name _____ Phone _____

Date _____

Signature _____

(Adults 18 and over)