**INFORMED CONSENT/WAIVER OF LIABILITY**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge, agree and represent (on behalf of me or the

minor listed below) that:

1. I am in good health and have no illnesses or injuries that would preclude or limit me from

participating in physical activities, specifically yoga classes.

2. I have enrolled in a program of strenuous physical activity including but not limited to various yoga exercises.

3. I freely and voluntarily assume all risks inherent in participating in yoga classes.

4. I waive any and all claims, liabilities and damages of any kind or nature now or in the future which may arise,

against AILEEN EPSTEIN-IGNADIOU, BKS IYENGAR YOGA CENTER OF LAS VEGAS AND/OR ITS TEACHERS

as a result of my participation in any yoga class.

5. IT IS MY INTENTION TO EXEMPT AND RELIEVE BKS IYENGAR YOGA CENTER OF LAS

VEGAS FROM LIABILITY FOR PERSONAL INJURY OR PROPERTY DAMAGE CAUSED BY NEGLIGENCE

OR OTHERWISE. I AGREE THAT UNDER NO CIRCUMSTANCES WILL I PROSECUTE OR PRESENT ANY CLAIM FOR PERSONAL

INJURY OR PROPERTY DAMAGE AGAINST AILEEN EPSTEIN-IGNADIOU, BKS IYENGAR YOGA CENTER OF

LAS VEGAS AND/OR ITS TEACHERS ARISING OUT OF OR CONNECTED IN ANY WAY WITH MY

PARTICIPATION IN OR PRESENCE AT YOGA CLASSES AT ANY TIME.

6. I certify that I HAVE READ AND UNDERSTAND this Release and Waiver. I further certify

that it is my intention that this Release and Waiver is binding not only on me, but also my heirs,

administrators, executors, successors and assigns. I am signing this Release and Waiver

voluntarily and understand that it is legally binding.

7. Please list medical problems: (back, spine, neck, joint related, heart, blood pressure,

surgeries, seizures, headaches, dizziness, etc. – please be specific):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referral Source:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person to contact in the event of emergency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_