## **YOGA CLASS CONSENT FORM**

## **Health Information:**

## Please disclose any medical conditions, injuries, or concerns that may affect your ability to participate in yoga at the beginning of the class.

## **Assumption of Risk:**

## I understand that yoga includes physical movements as well as an opportunity for relaxation, stress reduction, and increased self-awareness. I am aware that it is my responsibility to consult with a physician prior to and regarding my participation in the yoga class. I confirm that I am physically fit and able to participate in the activities.

## I acknowledge that yoga may involve a risk of injury. I agree to take full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of participating in the class.

## **Release of Liability:**

## I hereby release and discharge the yoga instructor, the facility, and all persons acting under their permission or authority from any and all claims, liabilities, demands, actions, or causes of action arising out of my participation in the yoga class.

## **Photography/Video Release:**

## I grant permission for the use of photographs or videos taken during the yoga class for promotional purposes, including but not limited to social media, website, or other marketing materials.

## **I have read and understand the terms of this consent form and agree to be bound by its terms.**