***Half Moon Yoga, LLC. Student Liability Waiver*** *update: 6/2020*

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Do you have any injuries that might affect your yoga practice? Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain if yes:

How long have you been practicing Yoga?

First Time Less than a month 6-12months\_ over 1 year\_

Yoga can be a physically demanding activity. It is vitally important that you are in a physical condition that will allow you to participate without presenting danger to yourself or others. If you have any concerns that a health condition, injury, or previous lack of physical activity may put you at risk of personal injury or discomfort, please seek the advice of your physician before taking a class.

I, the undersigned, fully understand and agree to the following:

1. I am participating in a yoga class/workshop offered by Half Moon Yoga. I

recognize that any physical exertion may be strenuous and may cause injury.

2. I am fully aware of the risk and hazards involved.

3. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in yoga classes/workshops.

4. I hereby state that I am physically fit and have no medical condition that would prevent my full participation in these classes / workshops.

5. I knowingly and voluntarily waive any claim I may have against Half Moon Yoga Studio and their staff for injury or damages that I may sustain as a result of participation in these activities.

6. I agree to let Halfmoon Yoga use my photograph, video, and/or audio taken or recorded during class for any purpose they deem necessary.

7. I will not come to the studio when I am sick and/or think I am sick.

 I further acknowledge, understand, appreciate and agree that my participation may result in possible exposure to and illness from infectious diseases, including, but not limited to, MRSA, Influenza, and COVID-19.  While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist.  I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation and exposure.

I have read the release and waiver of liability and fully understand its content. I

voluntarily agree to the terms and conditions stated above.

Signature of Participant: Date: