

Liability Release Form for Yoga with Jolene, LLC

I _____, voluntarily consent to participate in a Yoga and/or Pilates movement program offered by *Yoga with Jolene, LLC*.

I recognize that these activities may at times be strenuous and understand that participating in any exercise or conditioning program presents some unavoidable risk of injury, especially to people who have pre-existing injuries, illness or medical disabilities.

I understand that a medical evaluation is advisable before commencing any exercise or conditioning program. By my participation in any of these activities, I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate without the approval of my physician. I understand that in rare cases physical exercise can cause dizziness, chest discomfort, nausea, joint or muscle soreness, or other health concerns, including significant ones otherwise not specified here.

I assume all risks involved and hereby waive, release and forever discharge *Yoga with Jolene, LLC* from any and all claims, suits, losses or causes of action for damages, injury, disability or death, including claims for negligence, arising out of or related to my participation in any *Yoga with Jolene, LLC* Yoga or Pilates program online or in person.

I have read and understand this informed consent and release of liability and it accurately sets forth my intentions and I agree to be bound by its provisions.

NAME (PRINT): _____

SIGNATURE: _____

DATE: _____