

Waiver of Liability for PZS, LLC dba The Yoga Place

Personal Information

*Name:	*Street Address:
*Phone Number:	*City:
Mobile:	*State: *Zip:
Email:	
*Emergency Contact Name:	*Emergency Contact phone:
(* denotes required fields)	

I, _____ have chosen to participate in a program of strenuous physical activity that includes various yoga exercises offered by PZS, LLC doing business as The Yoga Place, 444 Main Street, Suite 204, La Crosse, WI 54601. I hereby affirm that I am in proper physical condition to participate in the activity and do not suffer from any disability that would prevent or limit my participation in this exercise program.

I am aware that participation could, in some circumstances, result in physical injury. In consideration of my participation in the yoga classes with The Yoga Place, with its agents or substitutes, I, for myself, my heirs and assigns, hereby release The Yoga Place, its owner, agents, or substitutes from any claims, demands and causes of action arising from my participation in the yoga classes.

I understand that I may injure myself as a result of my participation in the yoga classes with The Yoga Place, its agents or substitutes. I, for myself and my heirs, assigns personal representatives and next of kin, hereby release The Yoga Place and its agents or substitutes, as well as other participants from any liability now or in the future including but not limited to heart attacks, muscle strains, pulls, tears, broken bones, shin splints, heat prostration, knee, lower back, shoulder or foot injuries, and any other illness, soreness or injury however caused, occurring during or after my participation in the yoga classes.

I hereby affirm that I have read and fully understand this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Signature _____ Date _____