

SIVA L.L.C.

AGREEMENT OF RELEASE & WAIVER OF LIABILITY

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ W C H How did you here about us? _____

Email Address: _____ DOB _____ Gender M/F

I, _____, hereby agree to the following:

1. That I am participating in yoga classes, health programs, therapies, physical activities, by Siva L.L.C. during which I will receive information and instruction about yoga, health, and physical activities. I recognize that yoga and other physical activities require physical exertion, which may be strenuous and may cause physical injury, and I am aware of the risks and hazards involved.
2. In consideration of being permitted in any of Siva L.L.C. yoga class, health program, workshop or retreat, I agree to assume full responsibility for any risks, injuries, and damages, known and unknown, which might incur as a result of participating in the programs.
3. I understand that it is my responsibility to consult a physician prior to and regarding my participation in yoga classes, health programs, therapies and physical activities. I represent and warrant that I am physically fit and I have no medical condition, which would prevent my participation in the yoga classes, health programs, therapies, and physical activities.
4. I assume all responsibility for, and all risks of damage or injury that may occur to me as a participant in Siva L.L.C. program.
5. I, my heirs or legal representatives, forever release, waive, discharge and covenant not to sue Siva L.L.C. for any injury or death caused by their negligence or other acts.

PARTICIPANTS SIGNATURE: _____ **DATE:** _____

IF UNDER 18 YEARS OF AGE:

As a legal guardian of _____, I consent to the above terms and conditions.