	request this of their students, however we do recommend it as a ne business of yoga.
I,	, hereby agree to the following:
Workshops offered and instruction about	pating in the Yoga Classes, Health Programs, Trainings or by _(insert your name here)_ during which I will receive information ut yoga and health. I recognize that yoga requires physical exertion ous and may cause physical injury, and I am fully aware of the risks ed.
regarding my parti Workshops. I repre	t it is my responsibility to consult with a physician prior to and cipation in the Yoga Classes, Health Programs, Trainings or sent and warrant that I am physically fit and I have no medical d prevent my full participation in the Yoga Classes, Health Programs hops.
Trainings or Works	of being permitted to participate in Yoga Classes, Health Programs, hops, I agree to assume full responsibility for any risks, injuries or r unknown, which I might incur as a result of participating in the
Programs, Training claim I may have a	eration of being permitted to participate in Yoga Classes, Health is or Workshops, I knowingly, voluntarily and expressly waive any gainst _(insert your name here)_ for injury or damages that I may of participating in the program.
	al representatives' forever release waive, discharge and covenant your name here)_ for any injury or death caused by their negligence
	ove release and waiver of liability and fully understand its contents. In the terms and conditions stated above.
DATE	SIGNATURE OF PARTICIPATE

Below is a **sample** of a release form that you may choose to use as a template. Not all