

**YOGA CLASSES BY YOGA VARIATIONS  
AT SADHU VASWANI CENTER  
(1827 Bridge St, Dracut, MA 01826)**

Informed Consent -  
Assumption of Risk and Release of Liability Agreement  
(Please PRINT)

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Any medical conditions or injuries?

**Assumption of Risk and Release of Liability Agreement**

I, the undersigned, fully understand and appreciate the risk of participating in the yoga classes, workshops and training offered and provided by the **YOGA VARIATIONS** (hereinafter "YV"), and in consideration of the my participation in these programs, workshops and training, I hereby agree to the terms and conditions set forth below in this assumption of risk and release of liability agreement:

1. I recognize that Yoga requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in Yoga classes and/or workshops. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in Yoga Classes/Workshops.
3. In consideration of being permitted to participate in Yoga classes and/or Workshops, I agree

to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the Yoga Classes/Workshops.

4. In further consideration of being permitted to participate in the Yoga classes and/or workshops, I knowingly, voluntarily and expressly waive any claim I may have against YOGA VARIATIONS and SADHU VASWANI CENTER (SVC), its agents, owners, officers, employees, staff, instructor, sponsors, and all other persons or entities acting in any capacity on its behalf, including but not limited to Manisha Sharma, Vijay Chitra, (hereinafter collectively referred to as the “Released Parties”) for any injury or damages that I may sustain as a result of participating in the classes and/or workshops.
5. I, hereby for myself, my heirs, executors, administrators and assignees, waive and release any and all rights, claims for damages I may have against the Released Parties for any personal injuries or property damage of any and whatever type, nature and amount sustained or claim to be sustained by me as a result of my entrance and participation in the YOGA classes, workshop, and/or training.
6. I, the undersigned, fully understand and agree with the following statement: “While practicing all yoga movements I will not go beyond the point of pain. I will avoid straining myself. In case of strain, I will unwind the movement to alleviate the strain. I also understand YOGA exercises contain movements in which I will be upside down and constantly stretching every muscle in my body and any or all of these movements could result in serious injury or even death. By signing this document I take full responsibilities for any type of injury or death. ”
7. Should any part of this agreement be found invalid or not enforceable by a court of law, then the remaining portion shall continue to be valid and in force. No oral modifications are allowed. This is the entire agreement.

I have read the above Assumption of Risk and Release of Liability Agreement and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

If participant is under 18 years old, the parent/legal guardian must give consent to the terms and conditions set forth in this agreement.

As parent/legal guardian of \_\_\_\_\_, I hereby consent to the above terms and conditions set forth in this Assumption of Risk and Release of Liability Agreement .

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date