



redbloom yoga

## Aerial/Ascension Yoga Participation Waiver

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

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

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

Emergency Contact Phone #: \_\_\_\_\_

1. I am at least 18 years of age.
2. When I participate in Aerial/Ascension Yoga classes, I will receive information and instruction about Yoga, health, and the unique aspects to Aerial Yoga. I recognize that Yoga, and Aerial/Ascension Yoga in particular, requires some physical exertion that may be strenuous and may cause physical injury including a risk of death. Injuries can include but are not limited to: bruising, strained/pulled muscles, soreness, muscle spasms, dizziness and nausea.
3. I understand that Aerial/Ascension Yoga may be extremely demanding and I take full responsibility for knowing, monitoring, and acting within my abilities and learning and incorporating any modifications or adaptations necessary to proceed with such activities in a safe and appropriate manner.
4. I understand that many of the Aerial/Ascension Yoga exercises require the student to be in an upside-down position. It is my responsibility to consult with a physician prior to participating in Aerial/Ascension Yoga classes. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in these Yoga Classes and/or Workshops, including but are not limited to: pregnancy, high blood pressure and glaucoma.
5. I agree that I am voluntarily participating in the activities provided, directly and indirectly, by RedBloom Yoga. I agree that if I engage in any physical activity, or participate in Aerial/Ascension Yoga, I do so entirely at my own risk. and assume all risks of injury, illness, or death.

6. I expressly agree to release and discharge RedBloom Yoga and RedBloom Center for Community Wellness and its directors, officers, employees, agents, affiliates, representatives, successors, assigns, and instructors for any and all claims, causes of action or judgments that may arise out of the events noted in the above items and I agree to voluntarily forfeit or waive any right that I may otherwise have to bring a legal action against RedBloom Yoga or RedBloom Center for Community Wellness for personal injury or property damage. To the extent that statute or case law does not prohibit release for ordinary negligence, this release applies to any ordinary negligence on the part of RedBloom Yoga, its agents, officers, directors, and employees.
7. I expressly agree that this release shall be binding up on my heirs, executors, administrators and assigns.

**\*If you have any of the below conditions, please consult your physician before participating in any Aerial Classes: Pregnancy, Glaucoma, Recent surgery (esp. shoulder, eyes, back, hips, hands or wrist), Heart disease, Very high or low blood pressure, Easy onset vertigo, Osteoporosis / bone weakness, Recent head injury, Cerebral Sclerosis, Propensity for Fainting, Carpal tunnel syndrome, Severe arthritis, Sinusitis or head cold, Hiatal hernia, Disc herniation or acute discogenic disease, Recent stroke, Artificial hips, Radiculitis (inflammation of nerve root in spine), Severe muscle spasms, Botox (within 6 hours)**

I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_