

Excel with Grace Waiver

If at any time during the class, you feel discomfort or strain, gently come out of the posture. You may rest at any time during the class. It is important in yoga that you listen to your body, and respect its limits on any given day.

I, the undersigned, understand that yoga is not a substitute for medical attention, examination, diagnosis, or treatment. I should consult a physician prior to beginning any activity program, including yoga. I recognize that it is my responsibility to notify my teacher of any serious illness or injury before every yoga class. I will not perform any postures to the extent of strain or pain.

I plan to participate in the yoga program offered by **Jeff Grace**. I understand there are inherent risks in participating in a program of yoga. Consequently, I have been examined by a physician of my choice and have obtained his/her approval for my participation in a yoga program within the last sixty (60) days, or have chosen to proceed without the advice of my physician, and in either event, do hereby assume any and all responsibility for my participation. I agree that **Jeff Grace or hosting facility** shall not be liable or responsible for any injuries to me resulting from my participation in the yoga program or use of equipment, and I expressly release and discharge **Jeff Grace** from all claims, actions, judgments and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage, which may occur in connection with my participation in the yoga program, whether or not caused by the negligence of such person or persons. This release shall be binding upon my heirs, executors, administrators and assigns.

I understand that signing below indicates acceptance of the release of liability outlined herein and agreement to the terms of the yoga contract.

Printed Name: _____

Signature: _____

Date: _____