

Alena Gerst, LMSW, RYT
917-562-2921 alena@alenagerst.com www.alenagerst.com

Agreement of Release and Waiver of Liability STUDENT

WAIVER AGREEMENT I _____ (print name)

understand that the practice of yoga includes physical movements as well as an opportunity for relaxation, stress re-education, increased flexibility, and muscular tension relief. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience discomfort or pain, I will listen to my body and ask for support from the instructor for postural adjustments. I understand that yoga is not a substitute for medical attention, examination, diagnosis or treatment. I understand that yoga is not recommended and is not safe for certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Alena Gerst/Alena Gerst Dailey.

Student, Parent, or Guardian

Date