

HEART to HANDS YOGA with Carol Phillips

Agreement of Release and Waiver of Liability

I am responsible for my experiences in yoga sessions led by Carol Phillips. I understand that the practice of yoga involves asanas (physical postures), pranayama (breathing techniques) and relaxation/meditation. While practicing yoga, I alone can monitor what feels safe to me and I acknowledge that only I can know my boundaries. I can stop my participation at any time during any session. I know that it is my responsibility to speak up and/or take myself out of any experience where I feel unsafe.

I understand that Carol Phillips cannot be held responsible for knowing what it is that I need. I will articulate my concerns as they come up. I will continue to keep Carol Phillips informed of any physical or other conditions or disabilities which would prevent or limit my participation in yoga practice.

I understand that it is my responsibility to consult with a physician/health care professional prior to and regarding my participation with yoga.

As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. Be aware that Carol Phillips always makes the safety of her students a top priority when leading classes.

I AGREE TO, AND I ASSUME FULL RESPONSIBILITY FOR ALL RISKS, INJURIES OR DAMAGES, KNOWN OR UNKNOWN, WHICH I MIGHT INCUR AS A RESULT OF PRACTICING YOGA WITH CAROL PHILLIPS. I KNOWINGLY, VOLUNTARILY AND EXPRESSLY, WAIVE ANY CLAIM I MAY HAVE AGAINST, CAROL PHILLIPS, FOR ANY INJURY OR DAMAGES THAT I MAY SUSTAIN WHILE PARTICIPATING IN YOGA CLASSES.

Signature: _____ Date: _____
