



Name: Last \_\_\_\_\_ First \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Sex: M F (circle one) Date of Birth: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

List Injuries: \_\_\_\_\_

**Agreement of Release and Waiver of Liability I, the person named above, agree as follows:**

- 1. That I am participating in yoga classes and related activities ("yoga") offered by Valerie Okunami (OWY, Inc.) during which I will receive information and instruction about yoga. 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. I represent and warrant that I am physically fit and I have no medical conditions, such as, but not limited to, fainting and heat stroke, which would prevent my full participation in yoga. I understand that there are no medical personnel on the premises.
- 3. I will faithfully follow all instructions given to me by Valerie Okunami (OWY, Inc.) as to when, where, and how to perform and not perform yoga. I understand that any deviation by me from such instruction will be at my own risk.
- 4. I understand that I am to receive instruction in yoga theory and exercise only, and I will not hold Valerie Okunami to any higher standard of care than that is applicable to a school of yoga theory and exercise. I further understand and acknowledge that yoga instruction includes physical touching of my body by Valerie Okunami (OWY, Inc.) and I consent to that touching.
- 5. In consideration of being permitted to participate in yoga, 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 yoga.
- 6. In further consideration of being permitted to participate in yoga, I knowingly, voluntarily and expressly waive any claim I may have against Valerie Okunami (OWY, Inc.) for injury or damages that I may sustain as a result of participating in yoga.
- 7. I, my heirs, or legal representatives, forever release, waive, discharge and covenant not to sue Valerie Okunami (OWY, Inc.) for any injury or death caused by her negligence or other acts.
- 8. I agree to be bound by any rules now in effect and from time to time amended by Valerie Okunami (OWY, Inc.) and such rules as may from time to time be posted, all of which are incorporated by reference in this agreement. I understand the policy of no refunds.
- 9. Any dispute arising from this agreement shall be submitted to binding arbitration in Sacramento County, California through Judicial Arbitration and Mediation Services applying the laws of the State of California.

I have read the above and release and waive of liability and fully understand its contents. I voluntarily agree to the conditions and terms stated above.

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

\_\_\_\_\_  
Date

If participant is less than 18 years of age: As Legal Guardian of \_\_\_\_\_, I/We consent to the above conditions.