



Agreement of Release and Waiver of Liability for Keoni Movement Arts' *Yo-Dan-Nastics*TM Class

I, _____,
(PRINT name of student)

hereby agree to the following:

I am participating in a yoga, dance and gymnastics (*Yo-Dan-Nastics*TM) class held at DANY Studios during which I will receive information and instruction about yoga, dance and gymnastics. I recognize that all three activities require physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

I understand that it is my responsibility, if necessary, to consult with a physician prior to and regarding my participation in *Yo-Dan-Nastics*TM classes.

I also agree that it is my responsibility to inform the teacher of any physical limitation(s) or prior injury(ies), or if I do not wish to be physically assisted and/or adjusted in any particular positions my body will encounter in this workout.

I represent and warrant that I am physically fit and I have no medical conditions that would prevent my full participation in this class.

I acknowledge that the instructors, employees or volunteers will not render any medical services, including medical diagnosis of a physical condition.

In consideration for being permitted to participate in *Yo-Dan-Nastics*TM classes, I agree to assume full responsibility for any risks, injuries or damages, known or unknown that I might incur as a result of participating in the classes.

In further consideration for being permitted to participate in *Yo-Dan-Nastics*TM classes, I knowingly, voluntarily and expressly waive any claim I may have against DANY studios, its officers, instructors, employees or volunteers and/or Keoni Movement Arts, its directors, officers, instructors, employees or volunteers that I may sustain as a result of participating in the classes.

I, my heirs or legal representatives, forever release, waive, discharge and covenant not to sue DANY studios, its officers, instructors, employees or volunteers and/or

Keoni Movement Arts, its directors, officers, instructors, employees or volunteers for any injury or death caused by their negligence or other acts.

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

If student is over 18, complete:

Student's Signature: _____

Date: ____/____/____

Address: _____

Phone: _____ Email: _____

If student is under 18 years of age, parent / legal guardian complete:

I consent to the above terms and conditions for (PRINT name of student):

_____, age: _____.

Date: ____/____/____

Parent / Legal Guardian Signature: _____

Parent / Legal Guardian PRINTED name: _____

Address: _____

Phone: _____ Email: _____

Please indicate any special health challenges (mental or physical) you have (or your child has) that will aid us in modifying the class for you (or your child) -- *please be as specific as possible:*

