

YOGA LIABILITY WAIVER

Yoga at Radha Krishna Dham

Participant Information:

Name: _____

Email: _____

Date: _____

Assumption of Risk:

I understand that yoga involves physical movement and may include risks of injury. I acknowledge that I am responsible for consulting a physician regarding my ability to participate. I agree to assume full responsibility for any risks or injuries that may occur during participation.

Release of Liability:

I release Yoga at Radha Krishna Dham and its instructors from any claims, liabilities, or damages arising from participation in yoga classes, including negligence.

Medical Disclosure:

I affirm that I am physically fit to participate and will notify the instructor of any medical conditions or concerns.

Photo/Video Consent:

I consent to the use of photos or videos taken during classes for promotional purposes unless I provide written notice opting out.

Signature: _____

Date: _____