



Waiver of Liability

I hereby agree to the following:

1. That I am participating in fitness classes (yoga), health programs, live-streaming online classes, outdoor classes, or workshops offered by Fire Horse Yoga, during which I will receive information and instruction about yoga, fitness, and/or wellness. I recognize that fitness classes require physical activity which may be strenuous and could possibly cause physical injury, and I am fully aware of the risks and hazards involved. These risks may also include, but are not limited to, any transmission of sickness, virus, COVID-19, pathogen, or disease. I am aware of the risks associated with traveling to and from as well as participating in outdoor classes which may include, but are not limited to, terrain, facilities, temperature, weather, lack of hydration, condition of participants, equipment, vehicular traffic, and actions of others.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the fitness classes, health programs, or workshops. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in the fitness classes, health programs, or workshops.
3. That in consideration of being permitted to participate in the fitness classes, health programs, or workshops, I assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of participating in the program.
4. In further consideration of being permitted to participate in the fitness classes, health programs, or workshops, I knowingly, voluntarily and expressly waive any claim I may have against Fire Horse Yoga for injury or damages that I may sustain as a result of participating in the program.

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

Signature _____ **Date** _____

If participant is less than 18 years of age:

As legal guardian of participant, I consent to the above terms and conditions.

Signature _____ **Date** _____