



Kim Galbraith DBA Little Dog Yoga
4790 Alamo Street
Simi Valley, CA 93063

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I _____ hereby agree to the following
(PRINT YOUR NAME CLEARLY)

1. That I am participating in the yoga classes, health programs, workshops, clinics or private yoga sessions offered by Kim Galbraith and Little Dog Yoga, within or without the studio, during which I will receive information and instruction about Yoga and Health. I recognize that Yoga requires physical exertion which may be strenuous and may cause physical injury. Further I understand that Kim Galbraith is giving me information about anatomy only to the scope of her own education and is not diagnosing any medical condition or prescribing medications, herbal treatments or other homeopathic remedies. I am fully aware of the risks and hazards involved in participating and moving my body in either a yoga class or private instructions.
2. I represent and warrant that I am physically able and I have no medical condition which would prevent my participation in the Yoga classes, health programs, workshops, clinics or private Yoga sessions. If I have doubt that I am unable to participate in the above mentioned classes or programs I further understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Yoga classes, health programs, workshops and private Yoga sessions.
3. In consideration of being permitted to participate in the Yoga classes, health programs, workshops, clinics or private Yoga sessions, 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 the Yoga classes, health programs, workshops, clinics or private Yoga sessions.
4. In further consideration of being permitted to participate in the Yoga classes, health programs, workshops, clinics or private Yoga sessions, I knowingly voluntarily and expressly waive any claim I may have against Little Dog Yoga, its employees, officers or agents and Kim Galbraith for injury or damages that I may sustain as a result of participating in the Yoga classes, health programs, workshops, clinics or private Yoga sessions offered within or without Little Dog Yoga or studio.
5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Little Dog Yoga, its employees, officers or agents or Kim Galbraith for any injury or death caused by their negligence or other acts.

**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.**

DATE _____ PHONE _____

ADDRESS _____

CITY _____ ZIP CODE _____

EMAIL _____ SPORT(s) _____

SIGNATURE _____
(PARTICIPANT OR PARENT/LEGAL GUARDIAN IF UNDER 18)

PLEASE PRINT CLEARLY