

Yoga Waiver and Release Form

I, _____, have enrolled in the Yoga class offered by St. Johns River State College. I recognize that the program may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities. I understand that there may be health risks associated with activities using physical exertion in Yoga class, a Group Fitness program. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or otherwise limit my full participation in this physical program.

In addition, I am fully aware of the risks and hazards connected with the participation in the physical program including, but not limited to, transient dizziness, fainting, nausea, muscle cramping, musculoskeletal injury, sprains and strains, heart attack, stroke or sudden death. I hereby elect to voluntarily participate in this program knowing that the associated physical activity may be hazardous to me and/or my property. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, THAT MAY BE SUSTAINED BY ME, OR LOSS OR DAMAGE TO PROPERTY OWNED BY ME, AS A RESULT OF PARTICIPATION IN THIS PROGRAM.**

I hereby release, waive, discharge, and covenant not to sue St. Johns River State College and/or any of its officers, servants, agents, consultants, volunteers, and/or employees from **any and all** liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury (including, but not limited to, death) that may be sustained by me, or to any property belonging to me, while participating in this program, or while on or upon the premises where the event is being conducted including, but not limited to, any claims arising under negligence.

It is my expressed intent that this waiver and release shall bind any and all members of my family and my spouse, if I am alive, and my heirs, assigns, and personal representatives, if I am deceased. It is also my expressed intent that this waiver and release shall also be deemed a full release, waiver, discharge, and covenant not to sue insofar as my aforementioned family members, heirs, assigns, and personal representatives are concerned. I hereby further agree that this waiver and release shall be construed in accordance with the laws of the State of Florida.

In signing this waiver and release, I acknowledge and represent that I have read and understand the foregoing and hereby sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and I hereby execute this waiver and release for valuable consideration, intending to be bound by the same.

By: _____

Dated: _____

Participant Signature

Print Name: _____

Address: _____

By: _____

Parent or Legal Guardian Signature

(if participant is under the age of 18)

NON-DISCRIMINATION STATEMENT: St. Johns River State College does not discriminate against any employee, prospective employee, student, or student applicant in admission or access to, or treatment or employment in, its programs and activities on the basis of race, ethnicity, color, national origin, marital status, religion, age, gender, genetic information or disability. Questions regarding this statement or compliance with laws relating to non-discrimination may be directed to the Equity Officer, St. Johns River State College, 5001 St. Johns Avenue, Palatka, Florida, 32177; 386-312-4070.