AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, (print your full name) _____, understand that I will be participating in a formal exercise program incorporating yoga methods and exercises into the class format so that I can improve my strength, endurance, flexibility, balance, core strength and overall health and wellness. I understand my instructor affiliated with Fiery Sun Fitness, LLC is fully trained with a specialty emphasis on prenatal, special needs and senior clients.

I understand that I am expected to pace myself during my workout, and have been reminded to "honor my body". I agree that I will be working at my own pace, taking breaks in the routine as often as I need, and choosing to do or not do an exercise based on my knowledge of my current health and fitness level. I have been instructed to alert my instructor before the class of any special needs or injuries that I may have that could affect my safety and security during the exercise program.

I understand if I report to the center/venue, management, instructor and/or Fiery Sun Fitness, LLC that I have had or currently am being treated for an injury or condition, it would be most appropriate for me to submit an informal document from my doctor to Fiery Sun Fitness, LLC stating their approval for my participation in this exercise program.

I have listed on the back of this waiver, any medications that I regularly take, specifically ones that could affect my heart rate and performance abilities during exercise, such as stimulants, beta blockers, blood pressure medications and heart medications.

I understand that by signing below, I release the center/venue, management, instructor and/or Fiery Sun Fitness, LLC of all liabilities for my health and safety during my participation in exercise classes.

I only provide this release with the understanding that my instructor is fully trained, certified and respected in the industry to teach yoga methods. 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.

_____

Print Name | Age and Birth Date (Month- Date- Year)

_____

Signature of Participant | Today's Month- Date- Year

_____

Address | City | State | Zip

_____

Home Phone Number | Cell Phone Number | Email Address

_____

Current Limitations

_____

Emergency Contact Name | Relationship | Phone Number(s)

_____

Alternate Emergency Contact Name | Relationship | Phone Number(s)

☐ Please circle the applicable preferred contact methods - email, home phone, cell phone, regular mail

☐ How did you hear about us? _____

☐ Please sign me up for your monthly e-newsletter

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