

6.10.14

**Yoga, Zumba, Pilates, Personal Training, Exercise**  
**Client Information/Liability Waiver and Release**

**Personal Client Information**

Name \_\_\_\_\_  Male  Female

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Referred By: \_\_\_\_\_ Phone \_\_\_\_\_

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT  
BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT  
TO SUE. PLEASE READ CAREFULLY

TO: EAST COUNTY WELLNESS CENTER

I am aware that Yoga, Zumba, Personal Training, Exercise is a physical activity and I could injure a part of my body or trigger or exacerbate any medical condition I may already have, such as a heart condition, asthma, blood pressure, pregnancy or any other medical condition, which may be affected by performing breathing exercises or from the performance of yoga postures. I freely accept and fully assume all physical risks to my body or my health which may arise from my taking yoga classes or any physical activity, including the risks or health hazards referred to above and I freely accept and fully assume the possibility of personal injury or loss resulting therefrom. I agree to waive any and all claims that I have or may have in the future with East County Wellness Center and as well as its employees, officers, directors, teachers, and teaching assistants, and to release East County Wellness Center, as well as its employees, officers, directors, teachers, and teaching assistants, from any and all liability for any personal injury or injury to my health or consequential loss I may suffer or that my next of kin may suffer on my behalf, arising out of or as a result of my doing yoga including negligence on the part of East County Wellness Center, as well as its employees, officers, directors, teachers and teaching assistants or breach of any statutory or other duty of care, including any duty of care owned.

And further I agree to hold harmless and indemnify East County Wellness Center, as well as its employees, officers, directors, teachers and teaching assistants from any and all liability which may arise out of or result from any personal injury or injury to my health or resulting or consequential damages therefrom and this Release shall be effective and binding upon my heirs next of kin, Executors, Estate Trustees, Administrators and Assigns and Representatives.

I have read and understood this release prior to signing it and I am aware that by signing it I am waiving certain legal rights which I or my children or my heirs or next of kin, executors, estate trustees, administrators, assign or representatives may have against East County Wellness Center, as well as its employees, officers, directors, teachers and teaching assistants.

**I hereby agree to the above terms and conditions.**

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)