

Atma Daya Yoga with Parameshwari

Deanna Galkin-Doran

YTRx-800c, POLY-500,

E-RYT 500, BSM, MBA

Therapeutic Yoga

Pain & stress reduction

Yoga of Recovery

Ayurveda & Yoga

Lifestyle Counseling

www.AtmaDayaYoga.com

parameshwari@

parameshwariyoga.com

tel 310 749 8055

fax 310 645 4445

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, _____, hereby agree to the following:

That I am participating in the Yoga Classes, Health Programs or Workshops offered by Deanna Galkin-Doran (DBA Yoga with Parameshwari) during which I will receive information and instructions about yoga and health. I recognize that yoga requires physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Yoga 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 Yoga Classes, Health Programs or Workshops.

In consideration of being permitted to participate in the Yoga Classes, Health Programs or Workshops, 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 program.

In further consideration of being permitted to participate in the Yoga Classes, Health Programs or Workshops, I knowingly, voluntarily and expressly waive any claim I may have against Deanna Galkin-Doran (DBA Yoga with Parameshwari) for injury or damages that I may sustain as a result of participating in the program.

I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Deanna Galkin-Doran (DBA Yoga with Parameshwari) 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

SIGNATURE OF PARTICIPANT

If participant is under 18:

AS LEGAL GUARDIAN OF _____,

I CONSENT TO THE ABOVE TERMS AND CONDITIONS.

DATE

SIGNATURE OF PARENT/GUARDIAN OF PARTICIPANT