

**Central Bucks Swim Team  
Waiver and Release Agreement for Yoga Practice**

Full Name (Student): \_\_\_\_\_

Email: \_\_\_\_\_

1. I am or will be participating in yoga classes and/or workshops offered by Laura Braun, a Yoga Alliance certified instructor, through Central Bucks Swim Team.
2. I understand that yoga entails strenuous physical activity, and that participation may cause or aggravate a physical injury or medical condition.
  1. I further understand that yoga is an individual experience, and that I will progress at my own pace. Should I experience any discomfort, I understand that I should ask the instructor for modifications/adjustments to the pose.
  2. If at any point I feel overexertion or fatigue, I will respect my body's limitations and rest before continuing on with the practice.
3. I further understand that yoga instruction requires me to engage in intensive physical activity, which may be amplified depending upon the temperature of the room/location used.
4. I realize that, as with any physical activity, yoga is potentially hazardous and may result in serious bodily injury. I am fully aware of, and accept, the risks and hazards involved. My participation is voluntary, and I assume all risk of injury.
5. On behalf of myself, my heirs, my legal guardians, my legal representatives, my successors, and assigns, I forever release and discharge Laura Braun, Central Bucks Swim Team, and Central Bucks School District, including all owners, managers, coaches, instructors, and others acting on their behalf, of and from any and all claims, causes of action, judgements, or other losses sustained by myself which are in any way related to my participation.
6. I have been examined by a licensed physician within the last six months and have been found to be in good health. Since that most recent examination, I have not been diagnosed with any type of medical issue or experienced any type of symptoms that would affect my ability to participate in class.
  1. Furthermore, I understand that yoga is not a substitute for medical attention, examination, diagnosis, or treatment. I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during any yoga class.
7. I will faithfully follow all instruction given to me by the instructors as to when, where, and how to perform the yoga exercises, it being understood that any deviation by me from such instruction shall be at my own risk.

Full Name of Student/Legal Guardian (if student is under the age of 18):  
\_\_\_\_\_

Age of Student:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_