

Student Participation Agreement and Waiver for Yoga classes, workshops and trainings taught by Lynn Jensen, or her designee.

Informed Consent

You will be participating in a therapeutic yoga class. By signing this, you agree that you understand that it is your responsibility to determine that you are physically capable of participating, both prior to attending the Yoga Class and during the course of your participation in Class.

By checking the box, I agree to the following:

I hereby request to participate in the Yoga Class offered by Lynn Jensen, and agree to abide by the guidelines set forth by the instructor.

I represent and warrant that I am physically fit and have no medical condition which would prevent my full participation in the Yoga Class.

I understand that Yoga is not a substitute for medical attention, examination, diagnosis or treatment. I understand that it is my responsibility to consult with my health care practitioner regarding my participation in the Yoga classes, and to follow their recommendations.

In consideration of being accepted to participate in the Yoga class, I agree to assume full responsibility for risk of injury which I might incur as a result of participating in the program. I further agree that compensation for damages for any claim I might bring is limited to the amount of money I paid for the class.

If enrolling in a Yoga for Fertility class: I understand that while Yoga can be beneficial in supporting fertility, there is no guarantee that I will become pregnant as a result of participating in this class. If I am pregnant or become pregnant, or if I am undergoing fertility treatments, I agree that I am participating in Yoga class with my doctor or health care practitioner's approval.