



Waiver of Liability

Attract Balance
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Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Occupation: _____

Emergency Contact

Name/Number: _____

I represent and warrant that I am in good physical health and do not suffer from any medical condition(s) that would limit my participation in the classes offered by Attract Balance. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any of the yoga classes offered by Attract Balance. I understand the risks associated with the activities offered by Attract Balance and I agree to follow all instructions so that I can safely participate in yoga classes.

I acknowledge that participation in yoga classes or any other fitness exercise classes expose me to possible risks of personal injury. I am fully aware of these risks and hereby release Attract Balance, and/or any other persons who may teach at Attract Balance from any and all liability, negligence, or other claims arising from, or in any way connected with my participation in their yoga classes and any other exercise classes offered by them.

I have read the above release and waiver of liability and fully understand its content. I am legally competent to sign and voluntarily agree to the terms and conditions stated above.

Please practice mindfully and enjoy the benefits of working with Attract Balance.

If client is under the age of 18, a parent or guardian must sign.

Printed Name: _____ Date: _____

Signature: _____

I hereby release ATTRACT BALANCE to use all photos and or videos taken of myself and/or my child during the participation of ATTRACT BALANCE classes.

Printed Name: _____ Date: _____

Signature: _____