



## Daybreak Yoga Waiver

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number(s) \_\_\_\_\_ Birth date \_\_\_\_\_

Email \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

I affirm that Within the past two weeks I have not:

- Had Chronic dry cough? Had a Fever?
- Been exposed to anyone who has been sick with COVID-19 (or suspected to be positive)?
- Self-quarantined due exposure to someone positive for COVID-19?
- Traveled Domestically or Internationally?

Please list any known medical conditions and/or physical limitations including injuries within the last two years: \_\_\_\_\_

Is there any other reason why you should limit your physical activity?  
\_\_\_\_\_

I, \_\_\_\_\_, am participating in yoga classes or workshops with Daybreak Yoga, LCC. I am aware of the physical risks involved with strenuous exercise and understand it is my personal responsibility to consult with my doctor regarding my participation. I have no medical condition which would prevent me from taking part in yoga classes or workshops and I assume responsibility for any risk or injury I may sustain as a result of my participation.

I grant permission to Daybreak Yoga LLC and its representatives the rights to my photographed image or video recording at this event. I understand that my image may be published or distributed and I waive the right to inspect or approve the finished product wherein my likeness appears. I also understand that I will be added to the Daybreak Yoga LLC email list but can opt-out at any time.

I have read the above release and waiver of liability and understand its contents. By signing below, I agree to the terms and conditions stated and irrevocably release and waive any claims that I may have now or hereafter may have against Daybreak Yoga, LLC, and its owner, instructors, and employees.

\_\_\_\_\_  
Signature of Participant/Guardian

\_\_\_\_\_  
date