



AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

Name: _____ Date of Birth: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Name/Phone of Emergency Contact: _____

***Do you have any physical limitations that could be aggravated by exercise (i.e. back, neck, shoulder or knee problems) if so, please explain: _____.

It is your responsibility to inform the instructor of your limitations before class begins.

I represent and warrant that I am in good physical health and do not suffer from any medical condition which would limit my participation in the classes offered at the North Coast Namaste Event. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any of the yoga classes, programs or workshops held in North Coast Harbor organized by the Downtown Cleveland Alliance. I understand the risks associated with the activities offered by the Downtown Cleveland Alliance and I agree to follow all instructions so that I may safely participate in classes, workshops or other activities.

I hereby WAIVE AND RELEASE the Downtown Cleveland Alliance, Department of Port Control, City of Cleveland, their employees, agents, contractors, volunteers, yoga studio partners, its owners, officers, employees, and instructors from any claim, demand, cause of action of any kind resulting from or related to my participation in the programs offered in North Coast Harbor. In taking part in the yoga classes, workshops, or other activities offered as a free public event organized by the Downtown Cleveland Alliance, I understand and acknowledge that I am fully responsible for any and all risks, injuries, or damages, known or unknown, which might occur as a result of my participation in the classes, workshops, or other activities.

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 many benefits of practicing yoga with the Downtown Cleveland Alliance and our local partners.

Print name: _____

Signature: _____ Date Signed: _____

If participant is under 18:

As Parent or Legal Guardian of _____ I consent to the above terms and conditions.

Print name: _____

Signature: _____ Date Signed: ____/____/____



READ CAREFULLY BEFORE SIGNING