



## RELEASE OF LIABILITY

I (please print name) \_\_\_\_\_ am aware that yoga, yogalates and/or Pilates like any physical activity, could result in injury. By my participation in yoga, yogalates and/or Pilates classes taught by Yoga Heights LLC instructors or anyone connected with the premises in any way, I agree to take full responsibility for not exceeding my physical limits and for any injury that might occur as a result of participation in class. I have fully informed the instructor of any current or previous medical condition or injury that may affect my participation in class. I hereby waive any claim I might have at any time against Yoga Heights LLC instructors or anyone connected with the premises in any way, for any injury or loss that may occur. I (Initial) \_\_\_\_\_ am also aware that Amy Rizzotto (MOARyoga LLC) is not a Registered Dietitian or medical nutritionist and agree to take full responsibility for my own physical and mental well-being while participating in any Yoga Heights LLC or MOARyoga LLC ("MOARfit") nutrition coaching. I have fully informed Yoga Heights LLC and MOARfit staff of any current or previous medical condition that may affect my participation in cleanses and/or dietary modifications. I hereby waive any claim I might have at any time against any Yoga Heights LLC and/or MOARfit staff or anyone connected with the premises in any way, for any injury or loss that may occur.

Name (please print): \_\_\_\_\_

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

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

For those under 18 years of age:

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

Please return signed and dated slip to Jess Pierno or Amy Rizzotto, Yoga Heights LLC, prior to taking your first class or beginning your first nutrition program.

FOR INTERNAL USE ONLY:

Form Received by: \_\_\_\_\_ Date \_\_\_\_\_