

Chez Nous Chez Vous/ Mélanie Ruffié

General Release and Waiver of Liability

I, (print name) _____ hereby agree to the following:

1. I am participating in a yoga class, a yoga retreat, or other yoga-related physical activities offered by Chez Nous Chez Vous, Mélanie Ruffié, during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved in my participation.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any yoga-related physical activities. I represent and warrant that I am physically fit and I have no medical conditions that would prevent my participation in any yoga-related physical activities.
3. I understand that Therapeutic Yoga/Yoga Therapy includes physical movements, hands-on adjustments from instructors and assistants, breathing exercises, chanting, and meditation, in addition to an opportunity for relaxation, stress re-education, and relief of muscular tension as well as minor aches and pains. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the Yoga Therapist/Assistant. I will continue to breathe smoothly. Therapeutic Yoga/Yoga Therapy is not a substitute for medical attention, examination, diagnosis or treatment. Therapeutic Yoga/Yoga Therapy is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice Therapeutic Yoga/Yoga Therapy. In addition, I have been advised to consult with my licensed health care practitioner before deciding to practice Therapeutic Yoga/Yoga Therapy.
4. I understand that if I am pregnant, I will take necessary steps to ensure my doctor and health care providers know that I am participating in yoga-related physical activities. I assert that I am of fit health to participate in any yoga-related physical activities and will alert any and all instructors whose sessions I participate in that I am pregnant.
5. In consideration of being permitted to participate in any yoga-related physical activities, I agree to assume full responsibility for any and all risk of injury or damages to my person, known or unknown which might incur as a result of participating in any yoga-related activities.

6. In further consideration of being permitted to participate in any yoga-related activities, I knowingly, voluntarily and expressly waive any claim that I may have against Mélanie Ruffié for injury or damages that I may sustain as a result of participating in such yoga-related activities. I, my heirs, and legal representatives, forever release, waive, discharge and covenant not to sue Chez Nous Chez Vous, Mélanie Ruffié for any injury or death allegedly caused by its or her negligence or other acts.

I have read the above General Release and Waiver Liability and fully understand its contents. I voluntarily execute this General Release and Waiver Liability and acknowledge that I was afforded the opportunity to consult with legal counsel before signing below.

Signature of Participant

Date (dd/mm/yyyy)

Printed name

Signature of Parent or Guardian (if under 18)

Date (dd/mm/yyyy)

Printed Name of Parent/Guardian

Printed Name of Minor