

## Liability Waiver / Informed Consent Form

### Mallory Trumpfheller Yoga

By registering for this yoga class, I indicate approval and acknowledgment that I am voluntarily participating in a yoga class offered through Mallory Trumpfheller Yoga and affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this yoga class.

I release Mallory Trumpfheller Yoga / Mallory Trumpfheller, from any liability, claims, demands, expenses, damages, and causes of action, now or in the future, for conditions that I may obtain as a result of my voluntary participation and enrollment. These conditions may include, but are not limited to: heart attack; muscle strain, pull, or tear; broken bones; heat exhaustion; injuries to knees, back, feet, or shoulders; illness; communicable disease; or death. I affirm that I understand the inherent risks of participating in a yoga class, and I agree to voluntarily participate in the class I am registering for understanding these risks and their outcomes.

I acknowledge that there is a 'no refund' policy post-practice, and I agree to appear in photographs or videography which may be taken during class for social media or promotional purposes. I acknowledge that any and all concerns may be discussed with Mallory Trumpfheller prior to class, and that my registration affirms my agreement and voluntary participation given these policies.

I AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

