YOGA WAIVER AGREEMENT

I__________________________(print name) understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. 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 my teacher. I will continue to breathe smoothly.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I may have now or hereafter against Lucky Cat Yoga and/or The Dalí Museum.

__________________________  ___________________________
Signature of yoga participant or guardian  Date*

*You are required to renew your waiver at least once per year.