



College of Medicine
Tucson

Yoga for Wellness

Waiver

To complete this waiver, please check the waiver agreement box during registration.

COM-T, Yoga for Wellness:

By agreeing to this document, I understand that I will waive certain legal rights, including the right to sue. I have read this document carefully before signing it. I understand that COM-T, Yoga for Wellness' yoga classes are not intended for anyone who needs supervised rehabilitation.

I hereby acknowledge and agree to enroll in this yoga or fitness program of my own will. I understand that the activities in these classes, like any form of physical activity, may involve a risk of serious injury or death. I acknowledge that I have either (a) been physically examined by a physician and been given such physician's permission to participate in these classes or (b) agreed to participate in these activities without the approval of my physician. I understand that yoga is not a substitute for medical diagnosis or treatment. Specific yoga poses are not recommended for certain individuals (cardiac illness, later stages of pregnancy, post-surgery). In consideration of participation in these yoga classes, I hereby release COM-T, Yoga for Wellness from any claims, demands and causes of action. I release COM-T, Yoga for Wellness, and any contract instructor teaching yoga with COM-T, Yoga for Wellness, from any liability now and in the future in respect to physical injuries, heart attacks, broken bones, soreness or other injury or ailment, however caused, occurring during or after my participation in this yoga or fitness program. I have carefully read this release, fully understand it and am voluntarily executing it without pressure from any third party.