

THIS FORM MUST BE SIGNED AND RETURNED TO US AT  
[OLLI@STONYBROOK.EDU](mailto:OLLI@STONYBROOK.EDU) OR 631-632-6554.

## Yoga Class Enrollment Form with Denise Teague

Date \_\_\_\_\_ Name \_\_\_\_\_

Email address \_\_\_\_\_

### Release and Waiver of Liability

I am aware that Denise Teague is here to serve me by imparting knowledge of the practice of yoga. I acknowledge that these activities require physical exertion, which may at times be strenuous and may cause strain and/or physical injury, and I am fully aware of the risks and hazards involved. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in a class with Denise Teague. By my participation in any of these activities, I represent to you that I am physically fit and have no medical condition which would prevent my full participation in these activities. In consideration of being permitted to participate in these activities, I agree to take full responsibility for not exceeding my limits and for any risks, injuries or damages, known, or unknown, which I might incur as a result of participating in these activities in a yoga class with Denise Teague. It is my responsibility to ascertain that there is no medical reason to prevent my participation.

In further consideration of being permitted to participate in yoga class with Denise Teague, I knowingly, voluntarily and expressly release and waive any and all claims that I may have against Denise Teague from any liability, loss or damages resulting from any injury or damage to my person or property that I may sustain as a result of participating in a yoga class with Denise Teague.

I have carefully read the above release and waiver of liability and fully understand and agree to the above terms and conditions.

Signature \_\_\_\_\_ Date \_\_\_\_\_