



Informed Consent, Waiver/Release for Yoga with Gina Bernardini

By signing this document, I acknowledge that I have voluntarily chosen to participate in a program of progressive physical exercise to be conducted by Gina Bernardini. In signing this document, I acknowledge being informed of the strenuous nature of the program and the potential for unusual, but possible, physiological results including but not limited to abnormal blood pressure, fainting heart attack or death. By signing this document, I assume all risk for my health and well being and hold harmless of any responsibility, Gina Bernardini and any persons involved with this program and training procedure. The client waives and forever releases and discharges Gina Bernardini from all claims, demands, injuries, expenses, damages, actions, causes of actions or costs, including attorney's fees at trial and appellant levels, for any injuries including death or loss of personal property incurred during the course of participation in any exercise or fitness program. I acknowledge that I have been advised about consulting with a physician prior to beginning this exercise program. I fully understand that the program is highly strenuous and choose to participate completely voluntarily. I accept all responsibility for my health and resultant injury or mishap that may affect my wellbeing or health in any way.

Print Name

Phone #

Signature

Date