

**Outreach Organization Partner  
Agreement of Release & Waiver  
Community Yoga Outreach Program**

a division of Yoga 4 Peace, Inc.  
13550 Dix-Toledo Rd • Southgate, MI 48195  
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I, \_\_\_\_\_, hereby agree to the following:  
PRINT NAME

**Release and Waiver of Liability**

1. Clients, staff and volunteers at \_\_\_\_\_ (organization name) will be participating in yoga classes offered by Yoga 4 Peace, Inc. during which they will receive information about yoga, stretching, the physical body, and health. I recognize that yoga requires physical exertion, which may be strenuous and may cause physical injury and I am fully aware of the risks and hazards involved.
2. I fully understand that it is the responsibility of \_\_\_\_\_ (organization name) to inform clients, staff, and volunteers that it is their responsibility to ensure they are physically fit and able to participate in the Program. They should consult a physical prior to participating in classes, and they should have no medical condition that would prevent their full participation in the Program.
3. We agree to assume full responsibility for any risks, injuries, or damages known or unknown, which might incur as a result of anyone associated with our organization participating in the Program.
4. In further consideration of being permitted to participate in the Program, our staff, clients, and volunteers knowingly, voluntarily and expressly waive any claim they may have against

\_\_\_\_\_ (organization name), which includes Community Yoga Outreach Program, Yoga 4 Peace, Inc.; Directors and officers; their representatives, licensees, and/or assigns for any injury or damages that they may sustain as a result of participating in the Program.

5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Yoga 4 Peace, Inc.; or any of their representatives for any injury or death caused by their negligence or other acts.

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

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE