

**Cedar House Farms—Yoga Liability Waiver Agreement**

Name of Participant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

I understand that yoga and other physical activities are an opportunity to destress and relax. As with any physical activity, there are risks of injury. If I experience any pain or discomfort, I will listen to my body and discontinue the activity and ask for assistance from the instructor. I assume full responsibility for any and all damages, which incur through participation.

By signing, I affirm that a licensed physician has affirm my good health and physical condition to participate in physical activities and has not limited my activity level. I also affirm that I alone am responsible for deciding whether to practice yoga and participation is at my own risk.

By signing this waiver, I acknowledge that there are signs posted that show the statute that governs agritourism in North Carolina. There are signs near our store and near our arena. These signs spell out that participation is at risk to the person participating in the activity.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Guardian for participants under 18 :

\_\_\_\_\_

