**Dallas Public Library**

**Community Yoga Class**

**Liability Waiver**

Participant’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code\_\_\_\_\_\_\_\_\_ Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work/Cellphone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In Case of Emergency Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact’s Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Warranty of Physical Fitness:**The person understands that yoga is a physical practice which can be physically demanding. Person does not have any preexisting medical conditions which would be adversely affected by participation in a public yoga class.

**Waiver of Liability:**

Person participates in the public yoga class offered at the Dallas Public Library and uses the Dallas Public Library’s facilities at his/her own risk. The patron discharges the Dallas Public Library and anyone associated with the Dallas Public Library, including volunteers and employees, from any actions or claims resulting from the use of its services and facilities. The Dallas public library and anyone associated with it are not liable for claims including but not limited to claims of personal injury and claims of property damage/loss, whether caused by negligence or other circumstances.

**Personal Property and Damages**

The Dallas Public Library is not liable for damage or theft of participant’s personal property.

***In signing below, I indicate that I have read and agree to all of the above.***

*If person is under 18, signature must be accompanied by that of a parent or legal guardian.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date