

New Dentist Council Yoga Wellness Series Liability Waiver

-I desire to participate in fitness classes. I have been examined by a licensed physician in the last six months, and was found to be in good health and able to participate in all yoga or Pilates exercises for which I am instructed during the course of my enrollment.

-I will faithfully follow all instructions given to me by the instructor(s), participate with the group to the best of my ability and rest as needed.

- I am fully aware of and accept the inherent risk associated with any rigorous exercise program, including Bikram Yoga, Vinyasa, Inferno Hot Pilates, HIIT or Yin Yoga. I understand that at all times while in classes that I am responsible for myself and will respect my body's limitations.

-I will not hold Forge Hot Yoga West Linn and/or the Oregon Dental Association, its owners, affiliates, instructors or employees responsible for any injuries incurred or aggravated by me while in yoga or Pilates class(es).

-I agree that in the event photos or promotional pictures are taken at either studio I chose to release my likeness & image for marketing or social media purposes. To the extent that I am attending video classes via zoom, instagram, facebook or other similar social media, I hereby consent to my images and/or video being used for marketing and social media purposes for the promotion of FORGE or the Oregon Dental Association.