



YOGA CLASS WAIVER FORM

NAME:

EMAIL:

EMERGENCY CONTACT:

MOBILE:

**HAVE YOU PRACTICED YOGA BEFORE? YES/NO
IF YES FOR HOW LONG?**

LIMITATIONS OR INJURIES:

If at any time during the class, you feel discomfort or strain, gently come out of the posture. You may rest at any time during the class. It is important in yoga that you listen to your body, and respect its limits on any given day.

I understand that yoga includes physical movements as well as an opportunity for relaxation and that yoga is not a replacement for medical attention, examination, diagnosis or treatment.

As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the instructor. I will continue to breathe smoothly.

I assume full responsibility for any and all damages, which may incur through participation.

NAME (PRINT) :

SIGNATURE:

DATE: