



Name: _____

Address: _____

Phone #: _____ Email Address: _____

Have you ever practiced Yoga before? If so, what kind and for how long? _____

Please list any injuries, medical issues, and/or important medical history:

Emergency Contact (name and number) _____

LIABILITY/ STUDENT WAIVER AGREEMENT

I _____ (print name) understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. 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, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against The Yoga Barre.

Signature of client

Date