Yoga Student Waiver Form

Name:	Date:	
Address:		
Phone:		
Email:		
Have you practiced yoga be	efore?	
If yes, for how long?		
Do you have any injuries or arthritis, asthma, allergies,	r limitations we should be aw etc.)	are of? (example: injuries,
If you have injuries and are practice?	on medications, do you have	your doctor's consent to
	ass, you feel discomfort or str y time during the class. It is in els good for you.	• •
diagnosis, or treatment. I sh program, including yoga. I	ot a substitute for medical attenould consult a physician prior recognize that it is my responses or injury before every yogan f strain or pain.	or to beginning any activity asibility to notify my
damages, to person or prop	tructor, nor the studio, is liablerty, resulting from taking the is form signed by a parent o	e class. Those under 18
Printed name	Signature	Date