

Yoga Retreat Insurance Waiver Form

Participant Information

Full Name

Date of Birth

Address

Phone Number

Email

Emergency Contact

Emergency Contact Name

Emergency Contact Phone

Relationship

Medical Information

List any relevant medical conditions or injuries

Are you currently taking any medication?

Allergies

Insurance Details

Health Insurance Provider

Policy Number

Waiver & Release of Liability

I acknowledge that I have voluntarily applied to participate in the yoga retreat and understand that the activities may involve physical exertion. I certify that I am physically fit and capable of participation in such activities. I fully accept and assume all risks, whether caused by negligence or otherwise. I hereby release, waive, discharge, and covenant not to sue the yoga instructor(s), retreat organizers, or venue, for any and all liability, claims, demands, losses, or damages arising out of my participation in the yoga retreat.

Signature

Date