

# Yoga Retreat Participant Release Form

## Participant Information

Full Name

Address

Phone Number

Email

## Medical Information

Relevant Medical Conditions or Injuries

Emergency Contact Name

Emergency Contact Phone

## Release and Waiver

I understand that participation in a yoga retreat involves physical activity and carries with it certain risks. By signing this form, I acknowledge that I am voluntarily participating in this retreat and assume all risks of injury. I hereby release the organizers, instructors, and facility from any claims or liabilities.

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I have read and agree to the terms described above.

Participant Signature

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Date

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