

Yoga Retreat Participant Waiver

I acknowledge that participation in the yoga retreat involves physical activity that may carry risks of injury. I voluntarily assume all risks associated with participating in this retreat. I certify that I am physically fit to participate and have notified the instructor of any medical conditions or injuries. I agree to follow all instructions and take full responsibility for my own health and safety throughout the retreat.

I hereby release and discharge the organizers, instructors, and facility from any liability, claims, or demands arising from my participation, except in cases of gross negligence or misconduct.

Participant Information

Full Name

Email Address

Phone Number

Emergency Contact

Name

Phone Number

Medical Conditions / Allergies

Please list any medical conditions or allergies

Signature

Date