

Yoga Class Participant Liability Waiver Form

Participant Information

Full Name

Date of Birth

Email

Phone Number

Emergency Contact Name & Number

Health & Medical Information

Please list any health conditions, injuries, or limitations

Any medications taken regularly

Release of Liability

I understand that yoga includes physical movement which may present a risk of injury. I accept personal responsibility for my participation and any resulting injury. I agree to inform the instructor of any medical conditions. I voluntarily assume all risks and waive any claim I may have against the instructor and facility.

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I have read, understood, and agree to the terms stated above.

Participant Signature

Date