

Yoga Class Waiver and Registration Form

Personal Information

Full Name

Date of Birth

Email Address

Phone Number

Address

Emergency Contact

Contact Name

Contact Phone

Relationship

Health Information

Please list any relevant medical conditions, injuries, or physical limitations

Current medications (if any)

Allergies

Waiver and Release of Liability

I understand that yoga includes physical movement as well as an opportunity for relaxation, stress reduction and relief of muscular tension. As is the case with any physical activity, the risk of injury is always present and cannot be entirely eliminated. If I experience any discomfort, I will stop the activity and seek assistance. I affirm that I alone am responsible to decide whether to practice yoga and participation is at my own risk.

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I have read and fully understand the above waiver and release of liability.

Photo/Video Release (Optional)

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I consent to the use of photos/videos taken during class for promotional purposes.

Signature

Date

