## YOGA CLASS WAIVER FORM

\*\*Please note, all of the information on this form is kept confidential.



## **REGISTRANT DETAILS:**

| Name:   |                    |  |
|---|--------------------|--|
| Address:  |                    |  |
| City:   | Zip Code:          |  |
| Email:  |                    |  |
| EMERGENCY CONTACT:  |                    |  |
| EMERGENCY CONTACT PHONE NUMBER:                                 |                    |  |
| Have you practiced yoga before? YES/NO (Please circle)          |                    |  |
| If YES, for how long?   |                    |  |
| Limitations/Injuries:   |                    |  |
| Do you have numbness/pain in (circle all that apply): neck shou | lders elbows hands |  |
| wrists hips lower-back upper-back knees feet                    | other:             |  |

## Waiver:

If, at any time during the class, you feel discomfort or strain, gently come out of the posture. You may rest at any time. It is important that you listen to your body, and respect its limits on any given day.

I, the undersigned, understand that yoga is not a substitute for medical attention, examination, diagnosis, or treatment. I should consult a physician prior to beginning any activity program, including yoga. I recognize that it is my responsibility to notify my teacher of any serious illness or injury before every class. I will not perform any postures to the extent of strain or pain.

I accept that I am participating in this class at my own risk and that neither the instructor, nor the hosting facility (the Town of Washington Grove), is liable for any injury, or damages, to person or property, resulting from the taking of the class. **Those under 18 years of age must have this form signed by a parent or guardian**.

| Name (Print)    | Signature | Date |
|-----------------|-----------|------|
| Parent/Guardian | Signature | Date |