

## Medical Information and Release

Name:	Date of Birth:
Cell Number:	Address:
Email:	City, State, zip:
Emergency contact name:	Emergency Contact number:

Please detail below and inform the teacher of any particular health issues that apply to you that are important for him/her to know. For example, if you are diabetic and carry sugar tabs, if you have heart issues, if you have any injuries, if you are pregnant, if you have any allergies that require you to carry epinephrine, to name a few.

**If you have knee, back, shoulder, or joint problems, please inform your teacher so he/she can help you modify postures as necessary.**

### WAIVER AND RELEASE

In consideration of my enrollment as a student of Community Collective Yoga, I represent and agree to the following:

1. I have been examined by a physician within the last six months and have been found by such physician to be in good physical health and am fully able to perform all yoga exercises which I am to learn in Waves Yoga.
2. I will faithfully allow all instructions to be given to me as to when, where, and how to perform yoga exercises, it being understood that my participation in yoga exercises at Waves Yoga shall be at my own risk.
3. I have discussed on this form all physical problems and conditions that may restrict or otherwise affect my activity, and I am able to undertake the yoga exercises and related activities as provided by Community Collective Yoga. I understand ALL physical exercise programs have inherent risks and that before undertaking the exercise program at Community Collective Yoga I should consult a physician as to the appropriateness of my proposed activities. I further understand that Community Collective LLC is not a medical facility and is not equipped or staffed to advise, administer, or otherwise assist me in the implementation of a physical therapy program, and that I should obtain such services through a physician or other authorized medical personnel.
4. The fee paid herewith is non-refundable and non-transferrable

I WILLINGLY AGREE AND COMPLY WITH THE STATED AND CUSTOMARY TERMS AND CONDITIONS FOR PARTICIPATION. I WAIVE AND RELEASE COMMUNITY COLLECTIVE YOGA AND ITS OWNER ANY AND ALL CLAIMS, COSTS, LIABILITIES, EXPENSES, OR JUDGMENTS, INCLUDING ATTORNEY FEES AND COURT COSTS ARISING OUT OF MY PARTICIPATION IN THIS EXERCISE PROGRAM. I, FOR MYSELF, AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES HEREBY RELEASE AND HOLD HARMLESS COMMUNITY COLLECTIVE YOGA, NICHOLE BALDWIN, AND ANY AND ALL INDEPENDENT CONTRACTORS AND THEIR LEASED FACILITIES, AGENTS, AND/OR EMPLOYEES, OTHER PARTICIPANTS, SPONSORING AGENCIES, SPONSORS, ADVERTISERS, OWNERS AND LESSORS OF THE PREMISES USED TO CONDUCT THE EVENTS, "RELEASES," AND WITH RESPECT TO ALL AND ANY INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSONAL PROPERTY. WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW.

printed Name:	Signature (parents signature if under 18):	Date:
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