

Yoga Student Waiver Form

Name: _____ Date: _____

Address: _____

Phone: _____

Email: _____

Have you practiced yoga before? _____

If yes, for how long? _____

Do you have any injuries or limitations we should be aware of? (example: injuries, arthritis, asthma, allergies, etc.)

If you have injuries and are on medications, do you have your doctor's consent to practice?

If at any time during the class, you feel discomfort or strain, please come out of the posture. You may rest at any time during the class. It is important that you listen to your body and take what feels good for you.

I 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 yoga class. I will not perform any postures to the extent of strain or pain.

I accept that neither Kelsea DeVries is liable for any injury, or damages, to person or property, resulting from taking the class. **Those under 18 years of age must have this form signed by a parent or guardian**

Printed name

Signature

Date