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Abiding Love Wellness & Yoga

**Student Info and Waiver**

Please fill out **completely** before you participate in Abiding Love Yoga Class

Name(First & Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_ Zip code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical/Emergency:**

Emergency Contact & relation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you participated in Yoga? YES NO When and how often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any medical/Health conditions or restrictions? YES NO

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are you looking for from yoga? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like to be included in email updates and/or Newsletter? YES NO

**Abiding Love Yoga Activity Disclaimer/Agreement**

I hereby consent as a participant in Abiding Love Yoga classes and agree to assume all the risks involved. I understand that Abiding Love Yoga does not provide medical insurance relative to accidents, injuries, and/or death as a result of program related activities. I cannot hold Abiding Love Yoga or affiliated Abiding Love Yoga teachers personally responsible for any liability. **\_\_\_\_\_\_\_ (initial)**

I recognize that any form of physical activity is a potentially hazardous one, and it involves a risk of possible injury or even death. I hereby affirm that I am voluntarily participating in these activities with the knowledge of the risk involved. I agree to expressly assume and accept any and all risks of injury and/or death. **\_\_\_\_\_\_(initial)**

I hereby affirm myself to be physically sound and suffering from no condition, ailment, impairment, disease, or other illness that would prevent my participation in Abiding Love Yoga activities. I declare that I have disclosed any and all medical history to Abiding Love Yoga and/or their affiliates relevant to participation. **\_\_\_\_\_\_(initial)**

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Participant Signature Date