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YOGA CLASS WAIVER FORM

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

REGISTRANT DETAILS:

Cell Phone: _____

Name: _____

Address: _____

City: _____ Prov: _____ Postal 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 shoulders elbows hands wrists hips
lower back upper back knees feet other (please note): _____

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 during the class. It is important in yoga 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 yoga class. I will not perform any postures to the extent of strain or pain.

I accept that neither the instructor, nor the hosting facility, 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