



Willow and Ash, LLC
Yoga Agreement of Release and Waiver of Liability Form

Name: _____

Date of Birth: _____

Home Address: _____

Phone: _____

Email: _____

Emergency Contact & Phone: _____

Is it ok to call and leave a voicemail on your phone: Y N

Is it ok to text to your phone: Y N

Yoga Level: Beginner Intermediate Advanced

Do you have any of the following conditions that your instructor should be aware of?

Asthma Dizzy spells/Fainting Pregnancy

Diabetes Heart/Circulatory Problems Epilepsy/Seizures

High or Low Blood Pressure Neck/Back/Spine injury:

Joint injury (ankle, knee, hip, elbow, shoulder): _____

Muscular Injury: _____

Recent Surgery: _____

Other medical condition injury or disability:

By completing and signing this form, I hereby agree to the following:

1. That I am participating in a Yoga Class, Workshop, or Pre-registered Yoga session offered by Jennifer Francis-Gehring of Willow and Ash, LLC held at Amy Edelen of Edelen Chiropractic and Wellness, during which I will receive information / instruction about Yoga. I recognize that yoga may require some physical exertion, which may be strenuous and may cause physical injury. I am fully aware of the risks and/or hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Yoga Class, Workshop, or Pre-registered Yoga session. I certify that I am physically fit, and I have no medical condition, which would prevent my full participation in the Yoga Class, Workshop or Pre-registered Yoga session.

3. I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur because of participating in any yoga program with Jennifer Francis-Gehring of Willow and Ash, LLC, or Amy Edelen of Edelen Chiropractic and Wellness, including hot or warm temperature Yoga.
4. I knowingly, voluntarily, and expressly waive any claim that I may have against Jennifer Francis-Gehring, Willow and Ash, LLC, and Amy Edelen of Edelen Chiropractic and Wellness, owners and operators, for any injury, death or damages that I may sustain as a result of participating in a Yoga Class, Workshop or Pre-registered Yoga session; including loss that may be caused by the negligence of all the released parties.
5. I release and discharge, Jennifer Francis-Gehring, Willow and Ash, LLC, Amy Edelen of Edelen Chiropractic and Wellness owners, staff, and instructors from any and all liability, claim, demand or action that I may have related to the loss, theft or damage of any of my personal property while at the Evolving Well Studio facility.
6. I, my heirs, or legal representatives, forever release, waive, discharge and covenant negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I am 18 years of age or older and voluntarily agree to the terms and conditions stated above.

Participant signature: _____ Date: _____