

Yoga & Barre Waiver and Release Form

Name			
Date of Birth/ Age			
Address			
City	State	Zip	
Phone			
Email			
Emergency Contact Name and Phone Nu	mber		
Barre includes physical movements as we and relief of muscular tension. As is the c serious or disabling, is always present and pain or discomfort, I will listen to my bod the teacher. I will continue to breathe sm damages, which may incur through partic	ell as an opportunity case with any physic d cannot be entirely ly, discontinue the anothly. I assume fu	cal activity, the risk of injury, every y eliminated. If I experience any activity, and ask for support from	tion en
Yoga is not a substitute for medical atten recommended and is not safe under certilicensed physician has verified my good has physical limitations before class. If I am p surgical, my signature verifies that I have that I alone am responsible to decide wherisk. I hereby agree to irrevocably release hereafter against Crystal Toren and Yoga	rain medical condition to the teacher aware of the teacher aware of the teacher aware of the teacher, become properties appointment of the teacher to practice you and waive any claim	ons. By signing, I affirm that a condition to participate in such of any medical conditions or regnant or I am post-natal or poposolate to participate. I also affirm oga and participation is at my over the condition in the condition is at my over the condition in the condition is at my over the condition in the condition in the condition is at my over the condition in the condition in the condition is at my over the condition in the condition in the condition in the condition is at my over the condition in the cond	a ost- n wn
I have read and fully understand and agreement. I am signing this agreement of complete and unconditional release of al State of Arizona.	voluntarily and reco	ognize that my signature serves	
Signature	Print Name _		
Date			

List and explain any physical limitations that may be aggravated by exercise on the reverse side