



# CONTACT & WAIVER

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NAME

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ADDRESS

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EMAIL

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EMERGENCY CONTACT

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EMERGENCY CONTACT'S RELATION TO STUDENT

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EMERGENCY CONTACT PHONE NUMBER

HAVE YOU PRACTICED YOGA BEFORE? YES / NO

IF YES, FOR HOW LONG?

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LIMITATIONS/INJURIES:

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ALLERGIES:

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# YASKO YOGA & DANCE, LLC

## CASSANDRA YASKO

I understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. Participation in yoga class or private lessons, includes, but is not limited to, participation in meditation techniques, yogic breathing techniques, and performing various yoga postures. Yoga postures are designed to exercise every part of the body-stretching and toning the muscles and joints, the spine and the entire skeletal system. They also work on the internal organs, glands and nerves. Yoga incorporates sustained stretching to strengthen muscles and increase flexibility.

As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. My signature acknowledges I understand that in yoga class I will progress at my own pace. If I experience any pain or discomfort, I will listen to my body, discontinue the activity and ask for support for the instructor. I will continue to breathe smoothly. If at any point I feel overexertion or fatigue, I will respect my body's limitations and rest before continuing yoga practice. I assume full responsibility for any and all damages, which may incur through participation. I realize that I am participating in yoga classes at my own risk.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. By signing, I affirm that a licensed physician has verified my good health and physical condition to participate in such a fitness program. In addition, I will make the instructor aware of any medical conditions or physical limitations before class. If I am pregnant, become pregnant or I am post-natal or post surgical, my signature verifies that I have my physician's approval to participate. I also affirm that I alone am responsible to decide whether to practice yoga and participation is at my own risk. I hereby irrevocable release and waive any claims that I have now or may have hereafter against Cassandra Yasko, Yasko Yoga & Dance, LLC and it's instructors.

I have read and fully understand and agree to the above terms of the Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signatures serves as complete and unconditional releaser of all liability to the greatest extent allowed by the law in the State of Maine. Those under 18 years of age must have this form signed by a parent or guardian.

_____	_____	_____
NAME (PRINT)	SIGNATURE	DATE
_____	_____	_____
PARENT/GUARDIAN (PRINT)	SIGNATURE	DATE