

Floral City Yoga Center Yoga Waiver and Consent Form

Date: _____

Name: _____

Address: _____

Email: _____

Phone: _____ DOB: _____

Emergency Contact and Phone: _____

I choose to participate in yoga classes offered by Floral City Yoga Center, LLC and understand that yoga classes require physical exertion, which may cause physical injury. Further, I am fully aware that possible risks are involved.

I understand that it is my responsibility to consult a physician prior to participating in yoga activities. I warrant that I am physically fit and do not have medical conditions which might prevent me from participating in yoga classes.

I recognize that various suggested poses should be approached in a gentle fashion and that I should remain mindful of my physical responses to poses and any limitations my body may have. Should any pose be uncomfortable, I know how to modify as deemed necessary for my physical needs.

I agree to assume full responsibility for any injuries sustained and I release Floral City Yoga Center, LLC and all individual instructors teaching there, from any and all liability as a consequence of my participation in yoga classes.

I have read and fully understand this consent form/waiver and accept its contents in their entirety.

Client Signature

Date

Please check box if you wish to receive emails on class schedule updates/changes, newsletters or special events. Floral City Yoga Center will not share your information and you can opt out of emails at any time.