



Class Waiver

- **If you have** cardiovascular disease, have had a recent surgery (1 year), stroke, heart attack, have high or low blood pressure, are pregnant, have glaucoma, retinal detachment, epilepsy, asthma, psychiatric condition, or any other physical or mental health condition or concern that might effect your participation in class; please ask your doctor if exercise and breath work are safe for you.

If you have any current ongoing medical conditions, you must obtain medical clearance from your doctor before attending and participating in any of the classes. **If**

If you are currently on medications to treat high blood pressure or if you are pregnant, please let the instructor know.

All classes are “group” classes and attention is directed to the group, individual attention is not provided.

I take full responsibility for any movements I choose to participate in.

I am aware and acknowledge that my movements do not have to mirror anyone else.

I therefore realize that I cannot hold the instructor liable for any moves that I choose to make in class.

First Name _____ Last _____

Signature _____ Date _____

Yes, please keep me on your list of future events