

# LORRAINETURNERYOGA

STUDENT WAIVER AGREEMENT

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

EMAIL \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

IN CASE OF EMERGENCY CONTACT \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

I \_\_\_\_\_ (print name) understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against lorraineturneryoga LLC or Lorraine Turner.

\_\_\_\_\_  
Signature of student, parent or guardian

\_\_\_\_\_  
Date

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