

**Yoga Fitness Classes**

**Instructor: Natalie Rasmussen**

**Location: Online**

**Waiver**

I, \_\_\_\_\_, understand that I will be participating in a formal exercise program incorporating yoga methods and exercises into the class format so that I can improve my strength, endurance, flexibility, balance, core strength, and overall health and wellness. I understand that my instructor is trained through YogaFit International Training Systems, Inc.

I understand that I am expected to pace myself during the workout and have been reminded to – honor my body. I agree that I will be working at my own pace, taking breaks in the routine as often as I need, and choosing to do or not do an exercise based on my knowledge of my current health and fitness level. I have been instructed to alert my instructor of any special needs or injuries that I may have that could affect my safety and security during the exercise program.

I will take responsibility, if I believe there is a need, to obtain a document from my health care provider that would allow me to participate in this program.

I will notify the instructor of any medications that I regularly take that could affect my heart rate, ability to perform the exercise (such as any stimulants, beta blockers, blood pressure medications, and heart medications).

I understand that by signing below, I release the instructor and Yoga Loft NE of all liabilities for my health and safety during my participation in the Yoga Class.

**Name (print):** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Current Limitations:**

\_\_\_\_\_  
\_\_\_\_\_

**Emergency contact (name and phone number):**

\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_