

**Yoga Class
Enrollment and Waiver Form**

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____

Work Phone _____

E-Mail _____

Limitations, Injuries, Surgeries _____

If so, date of onset, or surgery _____

Emergency Contact _____

Release and Waiver of Liability

In any physical activity, risk of serious physical injury is possible. Yoga is no substitute for medical diagnosis and treatment. Yoga practice and/or specific poses are not recommended for individuals with certain conditions (e.g., cardiac illness, later stages of pregnancy, post-surgery). The student assumes the risk of yoga practice and releases the teacher(s) and I YOGA from any liability claims.

I, _____, am participating in yoga classes, or workshops, at the IYOGA Studio. I am aware of the physical risks involved with strenuous exercise and understand it is my personal responsibility to consult with my Doctor regarding my participation. I have no medical condition, which would prevent me from taking part in yoga classes or workshops, and I assume responsibility for any risk or injury I may sustain as a result of my participation. I have read the above release and waiver of liability and understand its contents. I agree to the terms and conditions stated above.

Date ___/___/___

Signature _____