

YOGA FLOW AND GO, LLC

STUDENT WAIVER AGREEMENT

1. I _____ (print name) understand that yoga includes physical movements as well as an opportunity for relaxation, stress reduction 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.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Yoga Class or Workshop. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in the Yoga Class/Workshop.
3. 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 Yoga Flow and Go, LLC and any co-sponsoring organization or location at which the class is held.
4. I understand that, by signing this statement, I agree not to hold Yoga Flow and Go, LLC. or any of its employees, owners, agents, or insurers responsible for any bodily injury or property damage which I may suffer as a result of my participation in a class or program through Yoga Flow and Go, LLC, at any location whatsoever. As such, I understand and agree that Yoga Flow and Go, LLC and all of its employees, owners, agents, guest teachers or insurers shall not be liable for any bodily injury or property damage which I may suffer either directly or indirectly from my participation in a class or program through Yoga Flow and Go, LLC and any co-sponsoring organization or location at which the class is held.

Signature of student, parent or guardian

Have you practiced yoga before? ____yes, ____no
If yes, what style did you practice?

Date
Name: _____

Please indicate any physical conditions or disabilities, current or chronic, which might limit participation in this class, any medication taken at this time or/any allergies known:

Address: _____

City: _____ State: _____

Phone: _____

Email: _____

Updates? ____yes, ____no