

Yoga Studio Member Waiver and Release Form

Please read this document carefully. By signing this document, you are waiving certain legal rights, including the right to sue. This template is designed to be printed and filled out manually or typed before printing.

1. Member Information

Full Name:

Date of Birth (MM/DD/YYYY):

Address:

Phone Number:

Email Address:

2. Emergency Contact Information

Emergency Contact Name:

Relationship to Member:

Emergency Contact Phone:

3. Liability Waiver, Release, and Assumption of Risk

I, the undersigned, 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 instructor.

I recognize that yoga signatures and classes may require physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in the yoga classes I/we have signed up for.

In consideration of being permitted to participate in the yoga classes, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the programs.

I knowingly, voluntarily, and expressly waive any claim I may have against the Yoga Studio, its owners, instructors, workshop presenters, independent contractors, and employees for injury or damages that I may sustain as a result of participating in the programs.

4. Acknowledgment and Signature

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Printed Name of Participant:

Signature of Participant (or Parent/Guardian if under 18):

Date Signed (MM/DD/YYYY):