



Yoga Consent/Waiver

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

E-mail _____ DOB _____ Referred by _____

Emergency Contact _____ Relationship _____ Phone _____

Informed Consent:

I _____ (**print name**) understand that yoga includes physical movements as well as an opportunity for relaxation, stress reduction and relief of muscular tension. I understand that I will receive information and instruction, including verbal and physical adjustments about yoga and health. I further understand that any information provided by the instructor is the opinion of the instructor and is not, in any way, intended to be a diagnosis or treatment for any medical issue, illness, or injury. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. I understand that because yoga practice and/or specific poses are not recommended for individuals with certain health conditions (e.g., cardiac illness, later stages of pregnancy, post-surgery), it is my responsibility to consult with a physician and, when necessary, obtain a doctor's release prior to my participation in the yoga class. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the yoga class. I am aware the teacher may offer physical adjustments and I have the right to refuse adjustment at any time even if I have agreed in the past. I agree to inform the instructor if I feel any pain or discomfort during the session and that I may choose to stop participating or leave at any time. I understand that my teacher is not a medical professional and that a medical practitioner should address any medical questions.

Liability Waiver:

I agree to take full responsibility for any risks, loss, claim, injury, damage or liability, known or unknown, which I might incur as a result of participating in the program. 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 knowingly, voluntarily, and expressly agree to accept full responsibility and assume the risk for my use of or participation in any and all classes, activities, apparatus, appliance, facility privilege or service, of any nature, which is owned or operated by Just Breathe. While engaging in any class or activity operated, organized, arranged or sponsored by Just Breathe, I shall do so at my own risk, and hold Just Breathe, its employees, representatives and agents, forever harmless from any and all loss, claim, injury, damage, or liability sustained or incurred by me. I specifically agree to indemnify and hold harmless Just Breathe as to any loss, cost, claim, injury, damage or liability, sustained or incurred by participating in the classes, or through my use of the facilities or equipment of Just Breathe which is caused by an act or omission, whether negligent, intentional or otherwise, of an employee, representative, or agent of Just Breathe. I, my heirs, or legal representative forever release waive, discharge and covenant not to sue Just Breathe for any injury or death caused by my participation in the yoga class. My signature below constitutes my full acceptance of this waiver. I have read the release and waiver of liability and fully understand its consent. I voluntarily agree to the terms and conditions stated above.

Signature of Participant _____ Date _____

If Participant is Under 18:

As legal guardian of _____, I consent to the above listed terms and conditions.

Signature: _____ Date: _____