

Yoga Class Release & Waiver

Please carefully read and complete this Yoga Class Release and Waiver before participating in yoga classes. Your safety and health are important to us.

Participant Information

Full Name

Address

Phone Number

Email Address

Emergency Contact

Name

Phone Number

Health Declaration

Please list any injuries, health concerns, or conditions we should be aware of:

Release & Waiver

I agree that I am participating in yoga classes offered by the instructor at my own risk. I understand that yoga involves physical activity, and I have consulted my physician regarding my participation. I release the instructor and studio from any liability arising from personal injury, loss, or damage resulting from my participation.

I have read and understood this waiver and accept responsibility for my participation in these classes.

Participant Signature

Date

Guardian Signature (if under 18)