

# **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.

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Participant Signature

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Date

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Guardian Signature (if under 18)