



Yoga Class Waiver Form

Registrant Profile:

Name: _____ Age: _____ Birth Date: ____/____/____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ E-Mail: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Have you practiced Yoga before? Yes No

Do you have any restrictions of mobility/Injuries/Pain and or numbness? Yes No

If yes, please check all that apply: Neck Shoulders Elbows Hands Wrists Hips

Lower Back Upper Back Knees Feet

Other (Please describe): _____

Waiver

I understand that yoga includes physical movements as well as an opportunity for mind/body awareness including meditation 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 during my practice, I will listen to my body, discontinue the activity, and ask for support from the instructor if necessary. I assume full responsibility for any and all damages, including injury, which may incur through participation.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions and by signing; I agree that the information indicated on this waiver form is correct and accurate. I will make the instructor aware prior to each class of any pain, injury or pregnancy, which includes all physical limitations and medical conditions. I understand that I am responsible and accountable to determine if practicing yoga is an option with participation being at my own risk.

I have read and fully understand to the above terms of this waiver form agreement. By voluntarily signing this agreement form, I agree that my signature releases all liability for all instructors and the H'OMe Wellness Centre.

Name (Print)

Signature

Date