



Student Information and Waiver for Yoga Class

Teacher: Travis Friot, RYT 200

Name _____

Phone _____

Address _____

Email _____

Emergency contact name _____

Emergency contact phone _____

What experience do you have with Yoga?

Do you have any injuries or illnesses? Please Explain

Are you currently pregnant?

I understand that yoga involves some physical exertion and stretching; and I agree to take full responsibility for not exceeding my limits, in the practice of yoga. I agree to take full responsibility for any injury or discomfort I might experience, in the practice of yoga. I understand and accept that, for safety and comfort, physical contact between student and instructor may be necessary. I consent to such contact and recognize that the instructor will apply any necessary contact in a professional manner.

Signature of student, parent or guardian

Date

Signature for telephone/email, credit card authorization

Signature of student, parent or guardian

Date