

# Yoga waiver & Release Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

I understand that yoga includes physical movements as well as an opportunity for relaxation 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, I will listen to my body, discontinue the activity, and ask for support from the instructor. I will continue to breath smoothly. I assume full responsibility for any and all damages, 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. By signing, I affirm that a licensed physician has verified my good health to participate in such fitness program. If I am pregnant, become pregnant or I am post-natal or post surgical, my signature verifies that I have my physician's approval to participate. I also affirm that alone I'm responsible to decide whether to practice yoga and participation is on my own risk. I hereby agree to irrevocable release and waive any claims that I have now or may have hereafter against Yoga Instructor, Angela Lucaciu

I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by the State of Florida.

**Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_