

# Yoga @ Colborne

## YOGA CLASS WAIVER FORM

All information on this form is kept confidential.

### REGISTRANT DETAILS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

EMERGENCY CONTACT PHONE NUMBER: \_\_\_\_\_

Have you practiced yoga before? YES NO (please circle)

If YES, for how long? \_\_\_\_\_

Limitations/injuries: \_\_\_\_\_

Do you have numbness/pain in (circle all that apply)

neck shoulders elbows hands wrists hips lower back upper back

knees feet other (please note) \_\_\_\_\_

### WAIVER

If at any time during the class, you feel discomfort or strain gently come out of the posture. You may rest at any time during the class. It is important in yoga that you listen to your body and respect its limits on any given day.

I, the undersigned, understand that yoga is not a substitute for medical attention, examination, diagnosis, or treatment. I should consult a physician prior to beginning any activity program, including yoga. I recognize that it is my responsibility to notify my teacher of any serious illness or injury before every yoga class. I will not perform any postures to the extent of strain or pain.

I accept that neither the instructor, nor the hosting facility, is liable for any injury, or damage, to person or property, resulting from my participation in the class. **Those under 18 years of age must have this form signed by a partner or guardian.**

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date