

Pell City Yoga Center

Liability Waiver and Yoga Practitioner Information Form

Please take a moment to completely fill out this form

NAME ADDRESS (Please Print Legibly)

First Name :

Last Name :

Address:

City:

State:

Zip:

PHONE #:

E-MAIL :

May we send you notices about events, specials, etc.? Yes _____ No _____

HEALTH INFORMATION

Please describe any physical or mental conditions that would be helpful for your instructor to be aware of. (Use back page if necessary)

Do you feel comfortable with instructor's guiding through touch? Yes ___ No ___.

Are you comfortable with using pure essential oil at the end of class? Yes ___ No ___.

EMERGENCY CONTACT

Name:

Phone#:

Relationship:

HOW DID YOU FIND OUT ABOUT US? Friend ___; Search on Internet ___; Facebook ___;

Saw on a poster/flyer ___; Other (please specify) _____

Release of Liability:

I, _____, certify that the above information is true and complete to the best of my knowledge. I acknowledge that the yoga teacher will not provide a diagnosis or treatment of any medical problems or concerns that I may have. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. Yoga is not a substitute for medical attention, examination, diagnosis, or treatment. It may not be recommended and/or considered safe under certain medical conditions.

I also understand that I am solely responsible for my health, safety, and well-being. I agree that I will inform the yoga teacher of any activity or movement which I cannot safely perform and will not perform any activity or movement that I feel is likely to cause me injury. If I experience any pain or discomfort, I will listen to my body, adjust the posture, and ask for support from the teacher.

I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to hold the yoga teacher harmless from any and all responsibility for any injury which I may sustain during or as a result of my yoga classes. I irrevocably release and waive any claims that I have now, or hereafter may have, against the yoga teacher, Julia C. Cook, RYT or Pell City Yoga Center.

Signature

Date
