

JUDY MILTON YOGA Liability Waiver Agreement

Name: _____ Phone: _____

Home Address: _____ Zip code: _____

Email: _____ Date of Birth: _____

_____/_____/_____

Emergency Contact: _____ Phone: _____

Emergency Contact Relationship: _____

Do you have any of the following conditions that your instructor should be aware of:

Asthma Heart/Circulatory Dizzy Spells / Fainting / Vertigo Pregnancy Diabetes

Sciatica High or Low Blood Pressure Epilepsy / Seizures Headaches / Migraines

Neck / Back / Spine

Injury: _____

Joint Injury (ankle, knee, shoulder, elbow):

Muscular / Soft Tissue Injury:

Other Medical Condition, Injury or Challenge:

Recent Surgery:

Describe any challenges, illnesses, injuries or allergies that may affect you in class:

Have you practiced yoga before? Yes / No

Where and for how long?

Was your yoga practice more gentle or flow?

What are your goals for yourself and yoga?

How would you rate your energy level from 1-10?

By completing this signed form, I hereby agree to the following:

I understand that yoga includes physical movements, as well as an opportunity for relaxation, stress reduction and relief of muscular tension. As in the case of 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 breathe smoothly. I assume full responsibility for any and all damages, which may occur 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 and physical condition to participate in such a fitness program. In addition, I will make the instructor aware of any medical condition or physical limitations before class. 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 I alone am responsible to decide whether to practice yoga and participation is at my own risk. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Judy Milton Yoga and it's instructors.

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 law in the State of Washington.

Client Name:

Client Signature: _____ **Date:**

Judy Milton: _____ **Date:**
