



YOGA CLASS WAIVER FORM

****Please note, all information is confidential. Please Print**

Name: _____ Address: _____

City: _____ Prov: _____ Postal Code: _____

Email: _____ Phone Number _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE NUMBER: _____

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

If YES, for how long? _____

Cancer type: _____ Current cancer status: _____

Limitations due to cancer: _____

Limitations/Injuries due to other causes: _____

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): _____

Are there any other conditions that we should be aware of? _____

Waiver

I, the undersigned, understand that Yoga practice 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 illness or injury before every Yoga class. I will not perform any poses to the extent of strain or pain. I accept and acknowledge that neither the teacher, nor Wellspring Edmonton, is liable for any injury, damages, loss or claim to any person or property, resulting from participation in a Yoga class.

I hereby release, indemnify and acknowledge that I will not make any claim against the teacher, nor Wellspring Edmonton, its employees, agents and instructors from and against any injury, damage, loss or claim resulting from participation in any Yoga class at Wellspring Edmonton.

Name (Print) _____ Signature _____ Date: _____

Parent/Guardian _____ Signature _____ Date: _____

*Anyone under 18 years of age must have this form signed by a parent or guardian.