Yoga Class Waiver & Release

My Practice

I wish to participate in yoga classes, workshops, retreats and related activities offered by , which may include physical postures (asanas), breathing practices (pranayama), meditation, relaxation and the use of props such as mats, blocks, straps, bolsters, wheels and swings. Classes may be held in a heated room, outdoors or online.

Understanding the Risks

I understand that yoga is a physical practice and that, like any physical activity, it carries a risk of injury. These risks include:

- muscle, tendon and ligament strains from overstretching or forcing a pose;
- neck, shoulder and wrist injuries from inversions, arm balances, headstands and shoulder stands;
- lower back and knee injuries from deep twists, backbends, forward folds and seated postures;
- falls from balance poses, aerial or suspension equipment, or slipping on a sweaty mat;
- dizziness or fainting from breath retention, rapid breathing techniques or sudden changes in position; and
- in heated classes, dehydration, heat exhaustion, heat stroke and light-headedness.

I understand that breathing and meditation practices may sometimes bring up strong emotions or memories, and that I may step out or rest at any time.

Listening to My Body

I understand that yoga is non-competitive and that I am responsible for practicing within my own limits. I agree to:

- rest in a resting pose, modify, or skip any posture that causes pain or strain;
- tell my teacher about injuries, surgeries or conditions before class begins;
- stay hydrated and leave a heated room if I feel unwell; and
- avoid eating a heavy meal shortly before class.

My teacher may offer modifications, but I make the final decision about what my body does.

Health

I confirm that I am in good health and have no condition that would make yoga unsafe for me, or that I have consulted a physician. I have told about any condition such as high or low blood pressure, heart conditions, glaucoma, osteoporosis, joint replacement, recent surgery, epilepsy, or spinal problems. I understand that heated yoga may not be suitable for people with some heart, respiratory or blood pressure conditions.

Pregnancy: If I am pregnant or become pregnant, I will tell my teacher, I will practice with modifications appropriate for pregnancy, and I have discussed practicing yoga with my healthcare provider.

Hands-On Adjustments

I understand that teachers at may offer physical assists to help with alignment, support or deepening a pose. Adjustments are always optional. I may decline adjustments at any time, either before class or during it, verbally or by using the studio's consent card if provided, and my decision will be respected without question.

Yoga Is Not Medical Treatment

I understand that yoga instruction is not a substitute for medical advice, diagnosis or treatment, and that teachers at are not medical professionals unless stated.

Release of Liability

I voluntarily accept all risks of participating in yoga at . To the fullest extent permitted by law, I release , its owners, teachers, staff and the owners of any venue it uses from all claims for injury, illness, death or property loss arising from my participation, including claims for ordinary negligence, but not gross negligence or willful misconduct. I agree to indemnify against claims arising from my failure to follow instructions or disclose health information.

Emergency Care

If I need medical attention during class, I authorize to provide first aid and contact emergency services and my emergency contact.

Studio Rules

I will arrive on time, silence my phone, use clean props and return them after class. is not responsible for lost or stolen personal items.

General

This waiver covers all classes and events with until I revoke it in writing. If any part is unenforceable, the rest stays in effect. It is governed by the laws of the state or country in which operates.

Please initial each statement

___ I am at least 18 years old or am the parent or legal guardian of the participant.

___ I understand the physical risks of yoga, including heated classes, and will practice within my limits.

___ I have told {{business}} about any injuries, medical conditions or pregnancy.

___ I understand I can decline hands-on adjustments at any time.

___ I release {{business}} and its teachers from liability as described, to the extent permitted by law.

Participant full name

Date

Date of birth

Phone

Email

Emergency contact name & phone

Signature