

**SUN SALUTATIONS YOGA & WELLNESS CENTER**  
**STAND-UP PADDLE BOARD (SUP) YOGA WAIVER FORM**

**DATE:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**LESSON TIME:** \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_

**EMERGENCY CONTACT NAME/PHONE/RELATIONSHIP:** \_\_\_\_\_

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I understand and acknowledge that SUP activities, including Yoga on an SUP, are dangerous and there are inherent risks which may result in serious injury to myself. Additionally, water, waves, tides, weather, wildlife, other water craft, such as boats and jet skis, equipment malfunctions, etc. can all change conditions in sudden and unpredictable ways.

I declare that I do not have any medical or physical conditions that would affect my participation in this activity. I will be sure to inform my instructor beforehand of any issues that may affect my experience on the SUP, such as asthma, heart conditions, previous broken bones, dislocated joints, diabetes, allergic reactions, wear contact lenses/hearing aids, any disabilities, etc.

I agree not to drink alcohol or partake in any judgement altering substances before or during SUP activities.

I understand that my signature to this document constitutes a complete and unconditional release of all liability of the proprietors of Sun Salutations Yoga & Wellness Center and Nichole K. Tracy, B.S.Ed, RYT, CPT, and any of the business's employees and agents to the greatest extent allowed by the law in the event of me and/or children under my care, suffering injury or death, or damage to any personal property, such as cell phones, car keys, and sunglasses.

I authorize Sun Salutations Yoga & Wellness Center and Nichole K. Tracy, B.S.Ed, RYT, CPT to arrange medical or hospital treatment as necessary, and agree to pay for all associated costs.

PARTICIPANT NAME: \_\_\_\_\_

PARTICIPANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_