

TRIPPLICITY LLC.
Yoga, with Julie Deyo
juls@triplicitywellness.com
386-717-4015



Yoga Waiver Form

Name: _____ Male/Female

Address: _____

City/Zip: _____ Phone: _____

Email: _____

EMERGENCY CONTACT AND PHONE NUMBER:

Asana (yoga posture) means posture easily held. If at any time during the session you feel discomfort or strain, gently come out of the posture. You may rest at any time during the class. It is important in yoga that you honor, listen to your body, and respect your limits on any given day.

I, _____, understand that yoga is not a substitute for medical attention, examination, diagnosis, or treatment. I should consult a physician prior to any activity program including yoga. I recognize that it is my responsibility to notify Julie Deyo (the instructor) of any serious illness or injury before every class. I will not perform any postures to the extent of pain or strain.

I accept that neither the instructor, nor the hosting facility is liable for any injuries or damages to person or property resulting in participation of the class. I give my permission for gentle adjustments, and verbal cues from the instructor and I am aware that at times a modification may be performed by gentle physical contact which will be with my permission only. I allow the instructor to observe my posture and perform muscle evaluations and body observations when needed during a yoga therapy session.

I understand that payment is required in advance and is non refundable for workshops and private yoga therapy. If sessions are canceled in less than 24 hours, payment is also nonrefundable.

SIGNATURE

DATE

THANK YOU,
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