



Release and Waiver of Liability

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work _____ Cell _____

E-Mail _____

Limitations or Injuries _____

In an Emergency Contact _____

How did you discover us? _____

<p style="text-align: center;">For Pre/Post Natal Students Doctor's Permission must be obtained prior to attending class.</p> <p>_____ is my patient and has no medical restrictions in participating in any Pre/Post Natal class.</p> <p>Date _____ Phone Number _____</p> <p>Doctor's Name _____</p> <p>Doctor's Signature _____</p>
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I _____, am participating in yoga classes or workshops at Studio 87 Yoga and I am aware of the physical risks involved with strenuous exercise and understand it is my personal responsibility to consult with my Doctor regarding my participation. I have no medical condition which would prevent me from taking part in yoga classes or workshops and I assume responsibility for any risk or injury I may sustain as a result of my participation. I have read this release and waiver of liability, I understand its content and agree to the terms and conditions stated above.

Signature of Participant

Date