JUST-BREATHE YOGA

Waiver & Info

Please print legibly

Name: _____

Address: _____

City & ZIP: _____

Phone: _____

Email Address: _____

May we email you notices about classes & events? Yes…….No

PLEASE READ: Release of Liability:

I understand that yoga involves physical activity that may be strenuous or may cause injury.
I take full responsibility for any risks, injuries and damages that I may incur during my participation in yoga classes.
I understand it is my responsibility to inform the instructor of any injury or medical condition prior to participation in yoga class.
I knowingly, voluntarily and expressly waive any claim I may have against Just-Breathe Yoga and/or any instructors conducting said yoga class for injuries or damages that I may sustain as a result of participation in yoga class.

SIGNATURE_____Date_____

If participant is under 18 years of age, parent/legal guardian must sign consent to the terms set forth in this waiver and release.

_____

Parent/Legal Guardian Date