



NAME: _____ DOB: _____

Please print clearly

STREET ADDRESS: _____

CITY/STATE/ZIP CODE: _____

HOME PHONE: _____ CELL: _____

E-MAIL ADDRESS: _____

What is the best way to contact you? (circle one) TEXT EMAIL

EMERGENCY CONTACT: _____ PHONE: _____

How did you hear about us? _____

Have you every practiced yoga before? Yes No

Please list any physical conditions or disabilities, current or chronic. **Please be as specific as possible regarding the nature of your condition** (For example: herniated L3 or arthritis in my fingers and toes). This information will help the instructor modify and tailor poses to your comfort and safety.

**Continued on next page*

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, _____, hereby agree to the following:
(print full name)

- 1- That I am participating in yoga classes offered by Wisdom Tree Yoga & Healing Arts, LLC, during which I will receive information and instruction about yoga and health. I recognize that yoga involves physical exertion which may be strenuous and may cause physical injury and am fully aware of the risks and hazards involved.
- 2- If there is any doubt in my ability to participate in the yoga class, I understand that it is my responsibility to consult with a physician prior to and obtain permission from my physician regarding my participation in the yoga class.
- 3- I represent and warrant that I am physically fit and have not medical condition which would prevent my full participation in the yoga class.
- 4- In any physical activity, risk of serious physical injury is possible. I am aware that yoga is no substitute for medical diagnosis and treatment and that yoga practice and/or specific poses are not recommended for individuals with certain conditions (e.g. cardiac illness, later stages of pregnancy, post-surgery).
- 5- I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in yoga classes.
- 6- I knowingly, voluntarily and expressly waive any claim I may have against Wisdom Tree Yoga & Healing Arts, LLC, Beverly Davis-Baird or the Presbyterian Church at Shrewsbury for injury or damages that I may sustain as a result of participating in yoga classes.
- 7- I understand that all class fees are non-refundable and non-transferable.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature _____

Date _____