

# Lindsay Shae Yoga **Waiver & Release**

**Name:** \_\_\_\_\_ **Pronouns:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Phone # :** \_\_\_\_\_

In an **emergency, please call:** \_\_\_\_\_

**Emergency Phone #:** \_\_\_\_\_

Have you ever practiced Yoga before? If so, what kind and for how long?

\_\_\_\_\_  
\_\_\_\_\_

Please list any injuries, medical issues, and/or important medical history:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you like to get emails from Lindsay Shae about other yoga opportunities in your area? (circle one)

YES NO

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I, \_\_\_\_\_ (print name), understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Lindsay Shae Yoga and the location of practice.

**Signature of participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If the participant is **under** the age of **18**:

**Signature of Parent/Guardian:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_