



## YOGA AT THE COMMONS WAIVER

\*\*Please note all information on this form is confidential and will not be sold or shared

\*\*If you need assistance filling out this form please contact Kim Van Ryn or your yoga teacher for assistance with reading or scribing.

### REGISTRANT DETAILS:

Name: \_\_\_\_\_

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

EMAIL: \_\_\_\_\_ Can we email you with events and class opportunities? YES/NO

Emergency Contact name and phone: \_\_\_\_\_

Have you practised yoga before? (please circle) YES/NO If yes, for how long: \_\_\_\_\_

Limitations or injuries? \_\_\_\_\_

Do you have numbness or pain in (circle all that apply): neck shoulders elbows hands wrists hips lower back upper back knees feet or other: \_\_\_\_\_

### WAIVER:

If at any time during the class, you feel discomfort, strain, pain or too much tension gently come out of the posture. You may rest at ANY time during class. It is important in yoga that you listen to your unique body and respect limits, new or old injuries and dynamics on any given day.

I, the undersigned, understand that recreational yoga classes are not a substitute for medical intervention, attention, examination, diagnosis or treatment. I should consult a physician PRIOR to beginning any physical activity program, including yoga. I recognize it is my responsibility to notify my teacher of any serious illness or injury before yoga class. I understand my teacher may advise me to not take the class for safety reasons, or support the modification of postures. I WILL NOT PREFORM ANY YOGA POSTURES TO THE EXTENT OF PAIN OR STRAIN.

I understand that neither the instructor (teacher), nor the hosting facility (Branching Out Support Services Inc) is liable for any injury, or damages to person on property resulting from taking yoga classes. Those under 18 years of age MUST have this form signed by a legal guardian.

\_\_\_\_\_  
Name Print

\_\_\_\_\_  
Name Sign

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian

\_\_\_\_\_  
Name Sign

\_\_\_\_\_  
Date