

Informed Consent and Waiver of Liability

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

Telephone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ E-mail address: \_\_\_\_\_

\*your e-mail address will only be used to inform you of any added classes or workshops, or with class cancellations.

Medical Alert (injuries, physical limitations, ailments, etc.): \_\_\_\_\_

How did you hear about The Yoga Branch? \_\_\_\_\_ Have you don't yoga before? \_\_\_\_\_

Participation in yoga classes includes, but is not limited to, participation in meditation techniques, yogic breathing techniques, and performing various yoga postures, or asanas that are designed to exercise every part of the body, stretching and toning the muscles and joints, the spine and the entire skeletal system. They also work on the internal organs, glands, and nerves. Yoga incorporates sustained stretching to strengthen muscles and increase flexibility.

Yoga and physical exercise is an individual experience. I understand that in yoga, and in any other exercise class, I will progress at my own pace. If at any point I feel overexertion or fatigue, I will respect my own body's limitations and I will rest before continuing yoga or any other exercise.

By signing my name below, I acknowledge that participation in yoga classes or any other exercise class exposes me to a possible risk of personal injury. I am fully aware of this risk and hereby release The Yoga Branch, Stacy Sandler, and all teacher teaching at The Yoga Branch from any and all liability, negligence, or other claims, arising from, or in any way connected, with my participation in yoga and any other exercise in class.

My signature further acknowledges that I shall not now, or at any time in the future, bring any legal action against The Yoga Branch, Stacy Sandler, or any teachers teaching at The Yoga Branch, and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors and my assigns.

My signature verifies that I am physically fit to participate in yoga classes, or any other exercise classes, and a licensed medical doctor has verified my physical condition acceptable for participation in this type of class.

If I am pregnant, or become pregnant, or am post-natal, my signature verifies that I am participating in yoga, or any other exercise classes, with my doctor's full approval. I realize that I am participating in yoga, or any other exercise classes, at my own risk. My signature is binding to this liability waiver from this day forth.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

If under 18 years of age: As legal guardian of \_\_\_\_\_, we consent to the above conditions.

Signature of Guardian: \_\_\_\_\_