



Yes Power Yoga LLC
Enrollment and Waiver Form

Name: _____ D.O.B.: _____

Address: _____

Primary Phone: _____

Email: _____

Limitations, Injuries, and surgeries: _____

If so, date of onset, or surgery: _____

Emergency Contact: _____ Phone: _____

Have you practiced yoga previously? Circle One: Yes No

What brought you to Yes Power Yoga? (a friend, general interest, to relax, get fit, etc)

Release and Waiver of Liability

In any physical activity, a risk of serious physical injury is possible. Yoga is no substitute for medical diagnosis and treatment. Yoga practice and/or specific poses are not recommended for individuals with certain conditions (e.g. cardiac illness, later stages of pregnancy, post surgery). The student assumes the risk of yoga practice and releases the teacher(s) of *Yes Power Yoga, LLC* from any liability claims.

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I am participating in yoga classes, or workshops, at *Yes Power Yoga, LLC*. I am aware of the physical risks involved with strenuous exercise and understand it is my personal responsibility to consult with my doctor regarding my participation.

Signature: _____

Date: _____

(If under 16) Parent or Guardian signature: _____