



Lakeshore Yoga Studio Aerial Flow Waiver and Release Form

1. I represent that I am physically capable and of participating in aerial yoga suspension fitness provided by Lakeshore Yoga Studio.
2. I understand the yoga and physical exercise, activity, or fitness program should not be taken without the consent of a doctor of physician and I am responsible for undertaking that consent.
3. I agree that I am engaging in the activity of yoga, fitness, and aerial suspension classes at my own risk.
4. I agree that I am voluntarily participating in the aerial yoga class and the use of premises and facilities provided and assume all risk of injury, illness, or death.
5. I agree that Lakeshore Yoga Studio is not responsible for any loss or damage to personal property.
6. I understand that Aerial yoga may be extremely demanding and I take full responsibility for knowing, monitoring, and acting within my abilities, and learning and incorporating any modifications, necessary to proceed in a safe manor.
7. I agree that Lakeshore Yoga Studio and it's directors, instructors, assistants, and employees, shall not be liable or responsible to any injuries to me which may occur as a result of my use of all amenities and equipment provided by Lakeshore Yoga Studio. Including (a) sudden and unforeseen malfunctioning of equipment (b) Instruction by teacher or assist (c) slipping or falling while in the facility.
8. I acknowledge that I have read and understand the waiver and release and understand that it is a release of all liability.
9. I expressly agree that this release shall be binding up my heirs, executors, administrators, and assigns.

By signing this waiver. I am stating that I do not have any of the following conditions:

- easy onset vertigo
- inner ear problems
- severe balance issues
- severe muscle spasm
- severe neck or back pain
- recent surgery
- osteoporosis or bone weakness
- glaucoma



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- very high or low blood pressure
- propensity for fainting
- recent concussion or head injury
- obesity
- severe arthritis
- head cold, flu or sinusitis
- hiatal hernia
- disc herniation
- pregnancy beyond the 1st trimester
- recent stroke
- radiculitis
- cerebral sclerosis
- trauma
- Botox within 24 hours

Printed Name: _____

Signature: _____ Date: _____

Parent or Guardian if Under 18 years of age: Name: _____

Signature: _____ Date: _____

Email Address: _____