

**Khalilah Yadullah MEd**  
**505 Old York Road Suite 100 Jenkintown PA 19406**

**Yoga class waiver form**

All information on this form is kept confidential

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_ Number: \_\_\_\_\_

Have you ever practiced yoga before? Yes/No (please circle)

If YES, for how long? \_\_\_\_\_ Oher: \_\_\_\_\_

Limitations/Injuries: \_\_\_\_\_

Do you have numbness/Pain (please list all areas of the body that apply)?

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**Waiver**

If at any time during the class, you feel discomfort or strain, gently come out of the posture. You may rest at any time during the class. It is important in yoga that you listen to your body and respect its limitations on any given day.

I, \_\_\_\_\_, understand that yoga is not a substitute for medical attention, examination, diagnosis, or treatment. I should consult a physician prior to beginning any activity program, including yoga. I recognize that it is my responsibility to notify my teacher of any serious illness or injury before every yoga class. I will not perform any postures to the extent of strain or pain.

I accept that neither the instructor, nor the hosting office/facility, is liable for any injury, or damages, to person or property, resulting from the taking of the class. Those under 18 years of age must have this form signed by a parent or guardian.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date