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|  | PLN YogaPamela NelsonBox 393Christopher Lake, Sk.S0J 0N0www.plnyogastudio.com |

**Waiver/Release Form**

Time & Class Attending:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please put if online or in-person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First & Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name) am aware that, as with any form of exercise, the risk of injury can never be entirely eliminated and that I am responsible for recognizing my own physical limits.

 I understand that yoga is not a substitute for medical attention, examination, diagnosis, or treatment.

If I have any concerns about whether yoga is suitable for me, or if I have a particular injury or medical condition, I will consult my physician before participating in yoga class.

I will make my yoga teacher aware of any injuries or medical conditions before participating in a class.

I am aware of the risks associated with or related to participation in yoga classes and workshops, and the use of yoga equipment and facilities, particulars of which include but are not limited to the risk of injury from coming into and out of a yoga pose, and using props to assist in attaining certain yoga poses.

Signature of student, parent or guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Please return this form prior to class or scan and email back to: plnyogastudio@gmail.com