



I \_\_\_\_\_(print name) understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, is always present and cannot be entirely eliminated.

If I experience any pain or discomfort, I will listen to my body and adjust the posture. I will continue to breathe smoothly. I realize that yoga is not a substitute for medical attention, examination, diagnosis or treatment.

I affirm that I alone am responsible to decide whether to practice yoga. I also affirm that: **(please initial one):**

\_\_\_\_\_I am not under medical supervision for any medical issue.

**OR**

\_\_\_\_\_I am under medical supervision and my health care provider has approved of me taking this class.

I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Gloria Moore or the facility.

\_\_\_\_\_  
Signature (if under 18 need signature of parent or guardian)

Phone number: \_\_\_\_\_

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

\_\_\_\_\_  
Date

Would you like to receive the class newsletter Yoga News via email? \_\_\_\_\_

Some corrections in yoga require touch. Are you okay with that?  
Please initial your response:      No \_\_\_\_\_      Yes \_\_\_\_\_