

Yoga Class Release Form

Peace of Time Wellness

4810 Liberty Ave,
Pittsburgh, PA 15224
(412) 578-9700

Name: _____

Cell phone: _____ Home phone: _____

Address: _____

City/State/Zip: _____

Email: _____ Date of birth: _____

Emergency Contact: _____

Emergency Contact phone: _____

Have you ever practiced yoga before? If so, what kind and for how long? _____

Please list any injuries, health ailments, or other relevant medical history (for example, joint pain, arthritis, asthma, allergies to scents, etc.) _____

Liability/Student Waiver Agreement

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, even serious or disabling, is always present and cannot be entirely eliminated. If I experience pain, I will listen to my body, adjust the posture, and ask for support from the instructor. I will continue to breathe smoothly.

Yoga is not a substitute for medical attention, examination, diagnosis, or treatment. Yoga is not recommended and is not safe under certain medical conditions. By signing below, I affirm that I alone am responsible to decide to practice yoga and have verified with my physician that I am able to engage in this activity. I accept that neither the instructor nor the hosting facility is liable for any injury or damages to person or property as a result of participating in class. Those under 18 years of age must have this form signed by a parent or a guardian.

Print Name: _____

Signature: _____ Date: _____