Eastern Sun Healing, LLC

Yoga Wavier/Release Form

Name: _____ Date of Birth: _____

Address: _____ Occupation: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Emergency Contact

Name: _____

Phone: _____

Have you practiced Yoga before? What kind and for how long?

_____

Please list any injuries, medical issues, and/or important medical history:

_____

_____

Do you have numbness/pain in (circle all that apply): neck, shoulders, elbows, hands, wrists, hips, lower back, upper back, knees, feet, other. Please specify _____

Wavier

I _____ (print name) understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscle tightness and tension. As is the case with any physical activity, the risk of injury can occur while doing yoga. I understand that I will listen to my body and if I have a discomfort or strain will come out of a posture and adjust accordingly or ask for assistance from the instructor.

I, the undersigned 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 o 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 facility, is liable for any injury, or damages, to person or property, resulting from the taking of this class. **Those under 18 years of age must have this form signed by a parent or guardian.**

_____ _____ _____

Name (Print) Signature Date