



Release and Waiver of Liability

Full Name (Please Print) _____

Street Address _____ City _____ State _____ Zip _____

Cell Phone # _____ Work/Home Phone # _____ D. O. B. _____

E-Mail _____ Have you practiced yoga before? Yes / No

Emergency Contact _____ Emergency Contact # _____

Any physical limitations you would like us to be aware of? Yes / No

If yes, please explain _____

It is your responsibility to inform the instructor of your limitations before class begins.

I represent and warrant that I am in good physical health and do not suffer from any medical condition which would limit my participation in the classes offered at Sky Yoga. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any of the yoga classes, programs, or workshops. I understand the risks associated with the activities offered by Sky Yoga and I agree to follow all instructions so that I may safely participate in classes, workshops, or other activities.

I hereby WAIVE AND RELEASE Sky Yoga LLC, its owners, officers, employees, and instructors from any claim, demand, cause of action of any kind resulting from or related to my participation in the programs offered at the facility. In taking part in the yoga classes, workshops, or other activities at Sky Yoga, I understand and acknowledge that I am fully responsible for any and all risks, injuries, or damages, known or unknown, which might occur as a result of my participation in the classes, workshops, or other activities.

Any photos taken of you while at Sky Yoga or attending Sky Yoga activities are property of Sky Yoga, LLC and can be used for marketing purposes.

I have read the above release and waiver of liability and fully understand its content. I am legally competent to sign and voluntarily agree to the terms and conditions stated above.

Signature: _____ Date Signed: _____/_____/_____

If participant is under 18:

As Parent or Legal Guardian of _____, I consent to the above terms and conditions.

Print name: _____

Signature: _____ Date Signed: _____/_____/_____