



New Student Waiver

Please fill out **completely** before you participate in Adoration Yoga

Name _____ Date of Birth _____

Address _____

City _____ State ____ Zip _____ Phone _____

Email _____

Emergency Contact _____ Phone _____

Have you ever participated in yoga? **Yes** **No** If Yes, when and how often? _____

Do you have any medical restrictions or conditions? **Yes** **No** If Yes, please explain:

What are you looking for from yoga? _____

Adoration Yoga Activity Disclaimer

1. I hereby consent as a participant in Adoration Yoga classes and agree to assume all of the risks involved. I understand that Adoration Yoga does not provide medical insurance relative to accidents, injuries, and/or death as a result of program related activities; and that I cannot hold Adoration Yoga or affiliated Holy Yoga teachers personally responsible for any liability. _____ (initial)

2. I recognize that any form of physical activity is a potentially hazardous one, and that they involve a risk of possible injury or even death. I hereby affirm that I am voluntarily participating in these activities with the knowledge of the risk involved. I agree to expressly assume and accept any and all risks of injury and/or death. _____ (initial)

3. I hereby affirm myself to be physically sound and suffering from no condition, ailment, impairment, disease, or other illness that would prevent my participation in Adoration Yoga activities, I declare that I have disclosed any and all medical history to Adoration Yoga and/or their affiliates relevant to participation. _____ (initial)

4. I understand that gentle touch and adjustments are offered in Adoration Yoga classes and I have the ability to opt in or opt out with 'Touch Tokens'. _____ (initial)

Participant Signature

Date

Parent/Guardian Signature

Date

For parents/guardians of participants under the age of 18