

YOGA WAIVER & RELEASE FORM

Name: _____ DOB: _____

Address: _____

Phone #: _____ Email: _____

Regardless of previous yoga practice, please be mindful, during practice of any injuries, medical issues, and of your own medical history. YOU know your body best. Do not ignore pain, do not push past pain. Yoga heals. Yoga doesn't hurt.

Initials: _____ indicate that I have read the above statement.

Emergency Contact: _____ Phone #: _____

LIABILITY WAIVER AGREEMENT

I _____ (print name) understand that yoga includes physical movements as well as an opportunity for relaxation, stress reduction 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 eliminated. If at any time during the class, you feel discomfort or strain, gently come out of the posture and notify your teacher. You may rest at any time during the class or end your yoga session if necessary. It is important in yoga that you listen to your body and respect its limits on any given day.

I, the undersigned, understand that yoga is not a substitute for medical attention, examination, diagnosis, or treatment. Yoga is not recommended and is not safe under certain medical conditions. If you may have a medical condition, you agree to consult with your physician before beginning any activity program, including yoga. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against KVA Holistic Wellness Center, Yoga, Kristin Valenti, or any KVA Holistic Wellness Center instructors/teachers.

Signature of Participant, Parent or Guardian

Date



Member of APA

KVA Holistic Wellness Kristin Valenti RHA, PsyM, RMT, CYT, CAT,

