



## Yoga Waiver & Release Form

Name: \_\_\_\_\_  
Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_  
Emergency Contact Phone: \_\_\_\_\_

Any injuries or issues you would like the instructor to know about? Yes / No  
If so, what? \_\_\_\_\_  
\_\_\_\_\_

I 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 any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the instructor. I will continue to breathe smoothly. I assume full responsibility for any and all damages, which may incur through participation. Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I will make the instructor aware of any medical conditions or physical limitations before class. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my physician's approval to participate. I also affirm that I alone am responsible to decide whether to practice yoga and participation is at my own risk. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Midwest Family Wellness and its instructors. I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the State of Missouri.

Also:

I confirm that I am not presenting with any of the following symptoms of COVID-19:

Fever	Sore throat	Dry cough
Shortness of breath	Runny nose	Loss of smell

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor Notes For Instructor *(to be filled out by our doctors)*:

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