

**Holistic Beauty Doc, LLC**  
**Yoga Agreement of Release and Waiver of Liability Form**

Name \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home address \_\_\_\_\_ Postal Code \_\_\_\_\_  
Email \_\_\_\_\_ Date of Birth DD / MM / YY Do  
Emergency contact name \_\_\_\_\_ Phone \_\_\_\_\_ you  
have

any of the following conditions that your instructor should be aware of:

- Asthma                       Heart/Circulatory Problems                       Dizzy spells/Fainting  
 Pregnancy                       High or Low Blood Pressure                       Diabetes                       Epilepsy/Seizures

Neck/Back/Spine injury:

Joint injury (ankle, knee, hip, elbow, shoulder) :

Muscular Injury:

Other medical condition, injury or disability:

Recent Surgery:

Yoga Level:       Beginner                       Intermediate                       Advanced

By completing and signing this form, I hereby agree to the following:

1. That I am participating in a Yoga Class, Workshop, or Pre--- registered yoga session offered by Stefanie Juon, ND (Holistic Beauty Doc, LLC) during which I will receive information / instruction about Yoga. I recognize that yoga may require some physical exertion, which may be strenuous and may cause physical injury. I am fully aware of the risks and/or hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Yoga Class, Workshop, or Pre---registered yoga session. I certify that I am physically fit and I have no medical condition, which would prevent my full participation in the Yoga Class, Workshop or Pre---registered yoga session.
3. I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in any yoga program with Stefanie Juon, ND (Holistic Beauty Doc, LLC), including hot or warm temperature yoga.
4. I knowingly, voluntarily and expressly waive any claim that I may have against Stefanie Juon, ND (Holistic Beauty Doc, LLC), its instructors and staff, and its owners, for any injury, death or damages that I may sustain as a result of participating in a Yoga Class, Workshop or Pre---registered yoga session; including loss that may be caused by the negligence of the released party.
5. I release and discharge Stefanie Juon, ND (Holistic Beauty Doc, LLC), its directors, owners, staff and its instructors from any and all liability, claim, demand or action that I may have related to the loss, theft or damage of any of my personal property while participating in a Yoga class, Workshop or Pre---registered yoga session.
6. I, my heirs or legal representatives, forever release, waive, discharge and covenant negligence or other acts.
7. Everything I have written and answered in this form is true to the best of my knowledge. I will update this office when there are significant changes. I understand that my evaluations, and/or recommendations received from Stefanie Juon, ND (Holistic Beauty Doc, LLC), are not intended as diagnosis, prescription, or treatment for any disease, physical or mental. It is also not intended as a substitute for regular medical care.

I have read the above release and waiver of liability and fully understand its contents. I am 18 years of age or older and voluntarily agree to the terms and conditions stated above.

**Participant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If the participant is under **18 years of age**: As a legal guardian of: \_\_\_\_\_, I consent to the above conditions and terms.

**Signature of parent/guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_