



## Yoga Waiver and Consent Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact: Name and Phone Number: \_\_\_\_\_

\_\_\_\_\_

I choose to participate in the yoga class offered by **4EVERFIT365 LLC**, and recognize that the yoga classes require physical exertion which may cause physical injury. I am fully aware that there are possible risks involved.

I understand that it is my responsibility to consult a physician prior to participating in yoga classes. I warrant that I am physically fit and do not have medical conditions which would prevent my participating in yoga classes.

I recognize the various suggested poses should be approached in a gentle fashion. If any movement brings discomfort, I know to modify the pose as deemed necessary to my physical needs.

I agree to assume full responsibility for any injuries sustained and I release **4EVERFIT365 LLC** from any and all liability as a consequence of my participation in yoga classes.

I have read and fully understand this consent form/waiver & release and accept its contents:

I hereby certify that I have read this document; and, I understand its content.

I am aware that this is a release of liability as well as a contract and I sign it of my own free will.

I also understand at the yoga classes or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purposes by the Instructor or **4EVERFIT365 LLC**.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

If participant is under age 18:

As legal guardian of \_\_\_\_\_ I consent to the above terms and conditions.

\_\_\_\_\_  
Parent / Guardian of Participant's Signature

\_\_\_\_\_  
Date