



Please fill out all fields.

Your Information

Name: _____ Age: _____

Birth Date: ____/____/____

Address: _____

City: _____ Zip: _____

Email: _____ Phone: _____

Emergency Contact

Name: _____ Phone: _____

Medical Information

Any medical conditions, surgeries or health Issues that may impair participation?

Are you pregnant? _____

I 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 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. By signing, I affirm that a licensed physician has verified my good health and physical condition to participate in such a fitness program. In addition, 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



PEACEFUL YOGA
with Heather Ding

Yoga Waiver & Release Form

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 Peaceful Yoga/Heather Ding (Yoga Instructor).

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 California.

Signature: _____ Date: _____