



redbloom

## Yoga Participation Waiver

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

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_

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 assume full responsibility for any and all damages or injuries, which may incur through participation and will not hold RedBloom Yoga, LLC, its owners, officers, employees, and instructors liable for any claim, demand, cause of action of any kind resulting from or related to my participation in the programs offered at this facility.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. 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. I also affirm that I alone am responsible to decide whether to practice yoga and participation is at my own risk.

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.

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

If participant is under 18:

As Parent or Legal Guardian of \_\_\_\_\_, I consent to the above terms and conditions.

Print name: \_\_\_\_\_

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

Personal Information

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

\*\*Would You like to receive email notifications from RedBloom Yoga and Center for Community Wellness in the future?                      YES                      NO

Have you practiced yoga before?      YES                      NO

How often do you practice? \_\_\_\_\_

Styles of yoga most frequently practiced (circle all that apply):

Vinyasa                      Ashtanga                      Iyengar                      Power                      Anusara  
Gentle                      Restorative                      Yin      Other: \_\_\_\_\_

What are your goals/expectations for your yoga practice? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any conditions that are impacting your health and would therefore impact your yoga practice?      NO                      YES

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is there any other information that should be shared with RedBloom Yoga, LLC? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_