



## Yoga Waiver

Name \_\_\_\_\_ DOB \_\_\_\_\_

Cell Number \_\_\_\_\_ Text:  Yes  No

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
(Name and phone number)

### Risk Assessment

Heart Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shortness of Breath or Chest Pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High Blood Pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High Cholesterol Level	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Significant Bone/Joint/Muscle Pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Back Pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Abnormal Resting EKG	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you active?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Any other? Please explain:

Activity or Exercise: \_\_\_\_\_

Times per week: \_\_\_\_\_ Minutes per session: \_\_\_\_\_

Are you currently taking any medications(s)?  Yes  No

Type: \_\_\_\_\_

### Agreement

1. In consideration of participating in the practice of yoga, I agree and acknowledge that I am fully aware that participation in yoga involves risks and I accept all the risks, even if the risks are created by the carelessness, negligence or gross negligence of a Released Party (as defined below) or anyone else.
2. "Claims" includes but is not limited to any and all liabilities, claims, demands, legal actions, rights of actions for damages, personal injury or death in connection with participation in this activity. "Released Party" means Sandra Boozer of Tempio.
3. I am in proper physical condition to participate in yoga, and am aware that participation could, in some circumstances, result in serious physical injury.
4. I hereby, for myself and for my heirs, next of kin, executors, administrators and assigns, fully release, waive and forever discharge any and all rights or Claims I may have, now or in the future, against Sandra Boozer, even if the Claims are based on the carelessness, negligence or gross negligence of a Released Party or anyone else. Also agreeing not to sue Sandra Boozer for Claims for any and all reasons.
5. I am aware that it is advisable to consult a physician prior to participating in yoga. If I have consulted a physician, I have taken the physician's advice.

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