

# BusymumsYOGA

## Yoga Agreement of Release and Waiver of Liability Form

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

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

Phone: \_\_\_\_\_

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

☐ Epilepsy/Seizures   ☐ Asthma   ☐ Heart/Circulatory Problems   ☐ Pregnancy   ☐ High or Low Blood Pressure

☐ Neck/Back/Spine injury   ☐ Dizzy spells/Fainting   ☐ Diabetes

☐ Joint injury (ankle, knee, hip, elbow, shoulder) :      Muscular Injury:      Recent Surgery:

Other medical condition, injury or disability:

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

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, Retreat or Private yoga session offered by BusymumsYoga during which I will receive information / instruction about Yoga. I recognise 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, Retreat or Private 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, Retreat or Private yoga session.
3. I understand that I should not exercise if I feel unwell and I declare that I am fit enough to attend a scheduled fitness class and that I do so at my own risk.

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.

*\* I accept to receive information to my email address from Cordelia Simpson (info@cordeliasimpson.co.uk). Information includes related timetables and details on yoga classes/workshops/retreats that I wish to participate in and newsletters.*

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

❖ If the participant is under **18 years of age**: As a legal guardian of: \_\_\_\_\_, I consent to the

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

