



**Yoga & Fitness Waiver & Release Form**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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

I understand that fitness classes (including yoga) include physical activity. As is the case with any physical activity, the risk of injury is 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, which may incur through participation.

Fitness classes are not a substitute for medical attention, examination, diagnosis or treatment. Fitness classes are not recommended 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 am responsible to decide whether to partake in fitness classes and participation is at my own risk. I hereby agree to release and waive any claims against Motion and its instructors.

I have read, 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 a release of all liability to the greatest extent allowed by law in the State of Minnesota.

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

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