



Yoga Informed Consent

DATE _____ NAME: LAST _____ FIRST _____ MI _____
ADDRESS _____ CITY _____ STATE _____
ZIP CODE _____ HOME PHONE # _____ WORK # _____ CELL # _____
SOCIAL SECURITY # _____

- A.** I have been informed and acknowledge that in taking the Yoga Class Instruction I do so at my own risk. The Yoga Class has been fully paid for in advance.
- B.** I understand and am aware that strength and flexibility exercises associated with the Yoga Class may be a potentially hazardous activity to some individuals. I am voluntarily participating in these activities.
- C.** I do hereby declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation. I acknowledge that I have either had a physical examination or been given my physician's permission to participate, or that I have decided to participate in that activity without the approval of my physician and do hereby assume all responsibility for my participation and activities.

I hereby certify that I have read the contents of this informed Consent and Release of Liability and have received a signed original of the Agreement. I agree to be bound by the reasonable rules and regulations adopted by Radiant Health Yoga and the Center for Integrative BodyWork in connection with the use of its facilities and equipment. I agree that the foregoing obligations shall be binding of me personally, as well as upon my family and my heirs, executors, administrators and assigns.

CLIENT SIGNATURE _____ DATE _____

INSTRUCTOR SIGNATURE _____ DATE _____