



South Riding Wellness Connection

A balanced approach to mental, physical, and spiritual health

Yoga Student Information and Waiver Agreement

Name: _____ Date: _____

Address: _____ City, State, Zip _____

Home Phone: _____ Office Phone: _____

Cell phone: _____ Email address: _____

Emergency contact name and number: _____

Any health issues? _____

What are your goals for this class? _____

How did you hear about SRWC? _____

I _____ (print name) understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education, 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, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against the Yoga Instructor and South Riding Wellness Connection.

Signature of student, parent or guardian

Date