

Village Yoga Studio

Student Waiver

Full Name: _____ Phone: _____

Address: _____ City, Zip: _____



Email: _____ Birthday: _____

(Email addresses remain confidential. We do not share with any other third party!)

Emergency Contact: _____ Phone: _____

How did you hear about Village Yoga Studio? _____

I understand that Yoga includes physical movements and requires physical exertion that may be strenuous, and I am fully aware of the risks and hazards involved. As is the case with any physical activity, the risk of injury to me or to third parties, even serious or disabling, is always present and cannot be entirely eliminated. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any of the Village Yoga Studio classes, lessons, or workshops. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the Yoga Classes or Workshops. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. 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. My participation in Yoga is purely voluntary, and I elect to participate in spite of the risks, known or unknown. I knowingly, voluntarily and expressly waive any claim I may have now or hereafter against Village Yoga Studio, its owner, its members, instructors, or staff for any injury or damages that I may sustain as a result of participating in the program. I, my heirs or legal representatives forever release waive, discharge and covenant not to sue Village Yoga Gallery for any injury or death caused by their alleged negligence or other acts. I have read the above release and waiver of liability and fully understand its content. I voluntarily agree to the terms and conditions stated above.

Date: _____ Signature: _____

Required for individuals under 18-Parent/Guardian (Print and Sign): _____