



Justin's Yoga & Flexibility Information & Waiver



This information is only used by Justin Chien.

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (Home) _____ (Work) _____

Email Address _____

Age _____ Date of Birth _____ Sex (M/F) _____

Occupation _____

Years of Yoga Practice (if any) _____ What Styles? _____

Emergency Contact: Name _____ Phone _____

Are there any conditions that might impact the practice of Yoga?

Yoga Teacher Liability Student Waiver Agreement

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 Justin Chien.

Signature of student, parent or guardian

Date