

YOGA RELEASE FORM

(Must Be Completed, Signed And Have On File with
The Healing Triad Before Participating In Any Classes)

The Healing Triad Annex
106 S. Third Street, Bloomingdale, IL 60108
630-207-9409

Name _____ Phone _____

Address _____

City/State/Zip _____

Email address _____

Years of Yoga experience _____

Where did you hear about our classes? _____

Do you have any physical problems or limitations that we should be aware of

PLEASE READ CAREFULLY:

I hereby agree to the following:

1. I recognize that yoga requires physical exertion which may be strenuous, and I am fully aware of the risks and hazards involved.
2. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in the Yoga Classes or Workshops.
3. I agree to assume full responsibility for any risks, injuries or damages I might incur as a result of participating in the Yoga Classes and Workshops. a result of participating in the Yoga Classes and Workshops.
4. I, knowingly, and willingly waive any claim I may have against The Healing Triad Annex, the instructors, and directors for injury or damages that I may sustain as a result of participation in the Yoga Classes or Workshops.

I have read the above release and waiver of liability and fully understand its contents.

I agree to the terms and conditions stated above.

Signature of Participant _____ Date: _____