

# CAROLINE MCKEAN

## LIFE COACH & YOGA

### YOGA WAIVER & RELEASE FORM

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

I 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, discontinue the activity, and ask for support from the instructor. 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. By signing, I affirm that a licensed physician has verified my good health and physical condition to participate in such a fitness program. In addition, I will make the instructor aware of any medical conditions or physical limitations before class. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my physician's approval to participate. I also affirm that I alone am responsible to decide whether to practice yoga and participation is at my own risk.

I, \_\_\_\_\_, hereby release Caroline R McKean, DBA Caroline McKean, Lifestyle Coach, from any claims, demands, and causes of action as a result of my voluntary participation and enrollment.

I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I hereby affirm that I have read and fully understand the above statements.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_