



YOGA VILLAGE  
pay-what-you-choose

## Chair Yoga Liability Waiver

***Note:** Yoga teachers are not medical practitioners and cannot diagnose problems. Please share anything your doctor/chiropractor/physiotherapist has said you should not do (e.g.-twist your spine, deeply flex your knee, put your head below your heart) with the teacher so the class can safely meet your needs.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ PhoneNumber \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Number \_\_\_\_\_

Are you currently practicing any other forms of regular physical activity? (eg: walking, swimming, gardening, cycling etc)

I need you to know that I'm working with:  
(eg: high blood pressure, hip replacement, arthritis, hernia, bone breaks, pregnancy etc)

My doctor says I shouldn't:  
(eg: put my head below my heart, kneel, twist spine, lift my arms overhead etc)

Do you have any physical limitations your instructor should be aware of?  
(Eg, High/low blood pressure, diabetes, asthma, arthritis, epilepsy, eye problems,  
osteoporosis, recent surgery, fatigue/sleep disorder, digestive problems, colitis, diarrhea,  
hearing or ear problems, other)

I \_\_\_\_\_,

- Understand it is my responsibility to consult with a physician prior to and regarding my participation in these yoga classes.
  
- Agree to assume full responsibility for any risk, injuries, or damages known or unknown that might occur as a result of the yoga classes at Yoga Village.
  
- Understand that it is my responsibility to keep the instructor informed of changes in physical abilities, and choose variations of postures that work within my range of motion and strength capacity on any given day.

I have read the above statement of liability and fully understand its contents. I voluntarily agree to the terms stated.

Signature \_\_\_\_\_

Date \_\_\_\_\_