



Pink Lotus
YOGA CENTER

NEW STUDENT INFORMATION SHEET RELEASE & WAIVER OF LIABILITY
PLEASE PRINT CLEARLY

Name _____

Address _____

Phone Number _____

Email Address _____

Birthday _____ (providing email and birthday enrolls you in our monthly newsletter, and gives you a free birthday class)

Emergency Contact (relationship & phone) _____

Do you have injuries or illnesses we should know about?

What are your reasons for coming to Pink Lotus? (check all that apply)

Stress Reduction General Fitness Weight Loss Back Pain Other _____

How did you hear about us _____

What is your Yoga background & how long _____

If you participate in current exercise or physical activity, please list here: _____



PINK LOTUS YOGA CENTER AGREEMENT & RELEASE AND WAIVER OF LIABILITY

I _____ (print legal name) understand that YOGA (definition includes mat, swing, heated, workshop, teacher training and paddle board classes) includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. Participation in YOGA class includes, but is not limited to, participation in meditation techniques, yogic breathing techniques, inversions, and performing various yoga postures in swing, on mats, and on paddle boards. YOGA postures, or asanas, are designed to exercise every part of the body—stretching and toning the muscles and joints, the spine and the entire skeletal system. They also work on the internal organs, glands and nerves. YOGA incorporates sustained stretching to strengthen muscles and increase flexibility. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. My signature acknowledges I understand that in YOGA class I will progress at my own pace. 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. If at any point I feel overexertion, dizziness, or fatigue, I will respect my body's limitations and I will rest before continuing practice. YOGA is not a substitute for medical attention, examination, diagnosis or treatment. 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 PINK LOTUS YOGA CENTER and/or TEACHER. By signing my name below, I acknowledge that participation in yoga classes exposes me to a possible risk of personal injury. I am fully aware of this risk and hereby release PINK LOTUS YOGA CENTER and/or TEACHER from any and all liability, negligence or other claims arising from or in any way connected with my participation in YOGA class.

***SWING YOGA NOTE:** Swing yoga is not recommended and is not safe under certain medical conditions, including, but not limited to: Vertigo, Inner Ear Problems, Balance Issues, Severe Muscle Spasms, Severe Neck or Back Pain, Recent Surgery, Osteoporosis or Bone Weakness, Artificial or Resurfaced Hips, Glaucoma, Heart Disease, Very High or Very Low Blood Pressure, Propensity for Fainting, Recent Concussion or Head Injury, Recent Stroke, Carpal Tunnel Syndrome, Severe Arthritis, Head Cold, Flu, or Sinusitis, Hiatal Hernia, Disc Herniation, Pregnancy, Cerebral Sclerosis, Radiculitis, Botox within 24hrs, Obesity, Other Trauma or Diagnosed Condition. Please secure clearance from a doctor if any of these conditions are present. _____ (initial)

My signature further acknowledges that I shall not now or at any time in the future bring any legal action against PINK LOTUS YOGA CENTER or TEACHER; and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors and my assigns. My signature verifies that I am physically fit to participate in YOGA classes and a licensed medical doctor has verified my physical condition for participation in this type of class. If I am pregnant or become pregnant or am post-natal, my signature verifies that I am participating in YOGA classes with my doctor's full approval. I realize that I am participating in YOGA classes at my own risk.

My signature is binding to this liability waiver from this day forth.

Date: _____ Signature of Participant: _____

Witnessed by: _____

Guardian's signature if under age 18: _____