

LIABILITY/ STUDENT WAIVER AGREEMENT

Name: _____ Email: _____ Phone _____

Address: _____ Date of Birth: _____

Please list any injuries, medical issues, and/or important medical history situation that could be aggravated by exercise (i.e. back, neck, shoulder or knee problems). If so, please explain:

Would you like to get emails from Delisa Simpson about other yoga opportunities in your area?
(circle one) YES NO

Emergency Contact (name and number) _____

It is your responsibility to inform the instructor of your limitations before class begins.

I represent and warrant that I am in good physical health and do not suffer from any medical condition which would limit my participation in the classes offer by Delisa Simpson. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any of the yoga classes, programs, or workshops. I understand the risks associated with the activities offered by Delisa Simpson and I agree to follow all instructions so that I may safely participate in classes, workshops, or other activities.

I hereby WAIVE AND RELEASE Delisa Simpson from any claim, demand, cause of action of any kind resulting from or related to my participation in the classes offered. In taking part in the yoga classes, workshops, or other activities by Delisa Simpson, I understand and acknowledge that I am fully responsible for any and all risks, injuries, or damages, known and unknown, which might occur as a result of my participation in the classes, workshops, or other activities.

I have read the above release and waiver of liability and fully understand its contents. I am legally competent to sign and voluntarily agree to the terms and conditions stated above.

Printed Name: _____ Signature: _____ Date: _____

If participant is under 18:

As Parent or Legal Guardian of _____. I consent to the above terms and conditions.

Print Client Name: _____ Signature: _____ Date: _____

Print Guardian Name: _____ Signature: _____ Date: _____