

The Wellness Den Yoga and Meditation Waiver

**Please note, all of the information on this form is kept confidential.

REGISTRANT DETAILS:

Name:

Address:

City: _____ Prov: _____ Postal

Code: _____

Email:

EMERGENCY CONTACT:

EMERGENCY CONTACT PHONE NUMBER:

Have you practiced yoga and/or meditation before? YES/NO
(Please circle)

If YES, which and for how long?

Limitations/Injuries:

Do you have numbness/pain in (circle all that apply): neck
shoulders elbows hands wrists hips
lower back upper back knees feet other (please
note): _____

Waiver

If at any time during the class, you feel discomfort or strain, gently come out of the posture. You may rest at any time during the class. It is important in yoga and meditation that you listen to your body, and respect its limits on any given day.

I, the undersigned, understand that yoga and/or meditation are not a substitute for medical attention, examination, diagnosis, or treatment. I should consult a physician prior to beginning any activity program, including yoga and meditation. I recognize that it is my responsibility to notify my teacher of any serious illness or injury before every yoga and/or meditation class. I will not perform any postures to the extent of strain or pain.

I accept that neither the instructor, nor the hosting facility, is liable for any injury, or damages, to person or property, resulting from the taking of the class.

* Those under 18 years of age must have this form signed by a parent or guardian.

Name (Print) Signature Date
