



# Health Waiver

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Have you ever done yoga before? (YES or NO) If yes, what type? \_\_\_\_\_

Do you have any special health concerns (including high blood pressure or pregnancy) or any current/previous injuries or illnesses we should know about?  
\_\_\_\_\_

Have you had surgery recently? \_\_\_\_\_

1. I \_\_\_\_\_ am participating in Yoga Classes or Workshops offered by Blue Sol Yoga (Hot Yogamatics LLC.) which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion, which may be demanding and may cause physical injury, and I am fully aware of the risks and hazards involved. 2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Yoga Classes, Health Programs, or Workshops. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the Yoga Classes or Work-shops. 3. While being permitted to participate in the Yoga Classes or Workshops, When performing the exercises, listen carefully and follow the instructor's directions. **DO NOT STRAIN OR FORCE YOURSELF BEYOND YOUR NATURAL FLEXIBILITY.** Blue Sol Yoga (Hot Yogamatics LLC.) and the instructor are not responsible for any injuries resulting from your failure to follow the directions of the instructor, from an existing physical/medical problems or from forcing yourself beyond natural limitations.

4. In further consideration of being permitted to participate in the Yoga Classes or Workshops, I knowingly, voluntarily and expressly waive any claim I may have against Blue Sol Yoga (Hot Yogamatics LLC.) for injury or damages that I may sustain as a result of participating in the program. 5. I, my heirs or legal representatives forever release, waive, discharge and covenant can not to sue Blue Sol Yoga (Hot Yogamatics LLC.) for any injury or death caused by their negligence or other acts. I have read and understood the above.

Signature of student, parent or guardian \_\_\_\_\_

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