



## Yoga Waiver Agreement

**First Name:** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Birthday:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Participant/Parent/Guardian First Name** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Apt#:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Home/Cell Phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Emergency Contact Phone #:** \_\_\_\_\_

I, \_\_\_\_\_ (print name) understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience pain or discomfort, I will listen to my body, adjust the posture and ask for support from my teacher.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I hereby irrevocably release and waive any claims I may have now or hereafter against yoga Sounds Good, LLC and/or The Museum of Science & Industry.

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\_\_\_\_\_  
Signature of Participant or,  
Parent/Guardian

\_\_\_\_\_  
Date