Yoga Waiver & Release Form

Name:_____

Age:_____ Birth Date:_____/____/_____

Address: _____

City: _____ Zip:_____

Phone: _____ Email: _____

Yes, I want to receive periodic emails from Lauren Gibbons Yoga: ☐

Emergency Contact Name: _____

Emergency Contact Phone: _____

I 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 any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the instructor. I will continue to breathe smoothly. I assume full responsibility for any and all damages, which may incur through participation.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. By signing, I affirm that a licensed physician has verified my good health and physical condition to participate in such a fitness program. In addition, I will make the instructor aware of any medical conditions or physical limitations before class. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my physician's approval to participate. I also affirm that I alone am responsible to decide whether to practice yoga and participation is at my own risk. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Lauren Gibbons Yoga LLC and it's instructors.

I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the State of Illinois.

Signature: _____Date:_____

Bloom into a Healthy Motherhood and Beyond

Provider Approval

Patient Name: _____

Provider's Signature: _____

Please circle if approved to participate.

Yoga Massage

Little Company of Mary
HOSPITAL AND HEALTH CARE CENTERS
The Technology to Heal, the Mission to Care