



INSPIRITUS[™]
— YOGA —
Wholistic Wellness & Training

Waiver & Release Form

Please fill out completely before you participate in Inspiritus Yoga programming:

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ (best) _____ (alt)

Email _____ Date of Birth _____ / _____

Have you ever participated in yoga? Y or N

If Yes, when and how often _____

Do you have any medical restrictions or conditions? Y or N

If Yes, Please explain _____

If you answered yes above, have you been cleared for physical activity/yoga? Y or N

If No, Please explain _____

Please read and initial each of the paragraphs below:

I hereby consent as a participant in Inspiritus Yoga programming and agree to assume all of the risks involved. I understand that Inspiritus Yoga does not provide medical insurance relative to accidents, injuries, and/or death as a result of program related activities; and that I cannot hold Inspiritus Yoga or its affiliates personally responsible for any liability. _____ (initial)

I recognize that any form of physical activity is a potentially hazardous one, and that physical activity involves a risk of possible injury. I hereby affirm that I am voluntarily participating in these activities with the knowledge of the risk involved. I agree to expressly assume and accept any and all risks of participation. _____ (initial)

I hereby affirm myself to be physically sound and suffering from no condition, ailment, impairment, disease, or other illness that would prevent my participation in Inspiritus Yoga programming. I declare that I have disclosed any and all medical history to Inspiritus Yoga and/or their affiliates relevant to participation. _____ (initial)

Signature (if submitting electronically, type name) _____

Date _____

Printed Name _____