



Student Information & Liability Waiver

Name _____ Date of Birth ____/____/____

Address _____

City _____ State _____ Zip Code _____ Email _____

Phone: Cell _____ Home _____ Work _____

Emergency Contact _____ Phone _____ Relationship _____

•How did you hear about SHAKTI Vinyasa Yoga? _____

•Do you have any physical limitations that could be aggravated by exercise (i.e. back, neck shoulder or knee problems, recent surgeries, or injuries?) Yes _____ No ____ If yes, please explain: _____

•Are you pregnant? Yes _____ No _____ If yes, what is your due date? ____/____/____

IT IS YOUR RESPONSIBILITY TO INFORM THE INSTRUCTOR OF YOUR LIMITATIONS BEFORE CLASS BEGINS.

I hereby release SHAKTI Vinyasa Yoga, Lisa Black, the staff, and my instructors from responsibility for any injuries I may receive as a result of participation in the programs presented by SHAKTI Vinyasa Yoga studio. In taking part in yoga classes or workshops at SHAKTI Vinyasa Yoga studio, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which might incur as a result of participating in the programs. I certify that my level of physical condition determined by my physician and myself will allow me to safely participate in classes at the studio. I have read the above release and waiver of liability and fully understand its contents. I am legally competent to sign and voluntarily agree to the terms and conditions stated above. Please practice mindfully and enjoy the many benefits of practicing yoga at SHAKTI Vinyasa Yoga!

Signature: _____

Date Signed: ____/____/____