



# Yoga for Health & Transformation

With Susana Laborde-Blaj

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## WAIVER AND RELEASE FORM

NAME \_\_\_\_\_

BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

EMERGENCY NAME \_\_\_\_\_

EMERGENCY PHONE \_\_\_\_\_

I understand that yoga includes physical movements as well as many physical, cognitive and emotional benefits. As with any physical activity, the risk of injury is always present. 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 breath smoothly. I assume full responsibility for any and all damages, which may occur through participation.

Yoga is not a substitute for medical attention, examination or diagnostic treatment. 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 or physical limitations before class. 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 the instructor.

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 the law.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_