

Roots to Wellness Yoga in correlation with Clear Water Farms

Student information and waiver agreement

Name _____

City/State _____ Cell: _____

*Email _____

Are You A Clearwater Farm Member (Yes or No). Would you like info on joining? (Yes or No)

Please list any current injuries/restrictions/pregnancy _____

How did you hear about this class? _____

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 any pain or discomfort, I will listen to my body, adjust the posture, ask for support from the teacher, and rest when needed. Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe for certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Kristy's Yoga LLC & Clearwater Farm.

Date _____

Signature of student, parent or guardian

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