



Waiver & Release Form

Please fill out completely prior to participating in Fitness Yoga, Yoga for Runners/Athletes classes/workshops

Name _____

Address _____

City _____ Prov. _____ Postal Code _____

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

What are you looking for from yoga?

Where did you hear about Yoga for Runners/Athletes classes/workshops?

Would you like to be included in our email communications? Y or N

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

I recognize that any form of physical activity, including yoga, is a potentially hazardous one, and that they involve a risk of possible injury or even death. 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 injury and/or death. _____ (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 Yoga for Runners/Athletes classes/workshops. I declare that I have disclosed any and all medical history to BreatheMoveBe relevant to participation. _____ (initial)

Date: _____

Signature: _____

Printed Name: _____