



CLEVELAND YOGA

Release and Waiver of Liability

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Birthday (mm/dd) _____

E-Mail _____

How did you discover us?

Friend/Family member (name) _____

Referral from a professional (trainer, physician, etc) (name) _____

Cleveland Yoga website

Email I received (describe) _____

Newspaper/magazine article (name) _____

Newspaper/magazine ad (name) _____

Television story (name) _____

Brochure/pamphlet/poster

At a special event (name) _____

Other (explain) _____

Limitations or Injuries _____

In an Emergency Contact _____

Relationship _____ Phone _____

Do you have numbness/pain in (circle all that apply): neck shoulders elbows hands wrists hips
lower back upper back knees feet other (please note)

Is there any other reason why you should limit your physical activity? _____

I, _____, am participating in yoga classes or workshops at Cleveland Yoga Inc. I am aware of the physical risks involved with strenuous exercise and understand it is my personal responsibility to consult with my doctor regarding my participation. I have no medical condition which would prevent me from taking part in yoga classes or workshops and I assume responsibility for any risk or injury I may sustain as a result of my participation. I have read the above release and waiver of liability and understand its contents. I agree to the terms and conditions stated above.

DATE

SIGNATURE OF PARTICIPANT