

Pins and Needles Yoga Waiver Form

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Emergency contact name: _____ Phone: _____

Please read carefully; I hereby agree to the following:

I agree and acknowledge that I am fully aware that participation in this activity may involve risks and I accept all the risks of participating. I will progress at my own pace and I understand my physical limitations so I am sufficiently self-aware to stop physical activity before I become ill or injured. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the yoga classes. In consideration of being permitted to participate in the yoga classes, I knowingly, voluntarily, and expressly waive any claim I may have against Pins and Needles for injuries or damages that I may sustain as a result in participating in the yoga classes. My signature acknowledges that I shall not now, or at any time in the future, bring any legal action against Pins and Needles, Chelsey Cox, and/or any other person within Pins and Needles. If you are under 18, you must have a parent's signature. My signature is binding to this liability waiver from this day forth.

Signature: _____

Date: _____