

## Yoga Liability Waiver & Intake

I hereby agree to the following:

I plan to attend a yoga class with Heidi Nechtman/Perfectly Imperfect Yoga, LLC.

I am participating in classes or services during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any physical fitness program, including yoga. I represent and warrant that I have no medical condition that would prevent my participation in physical fitness activities.

In consideration of being permitted to participate in the yoga classes, I agree to assume full responsibility for any risks, injuries or damages, known and unknown, which I might incur as a result of participating in the program. In further consideration of being permitted to participate in the yoga classes, I knowingly, voluntarily, and expressly waive any claim I may have against the instructor, the owner, or the leaseholder of the building for injuries or damages that my child may sustain as a result of participating in classes or workshops held with Heidi Nechtman/Perfectly Imperfect Yoga, LLC.

*I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above*

Name		Signature and Date

	Date of Birth						
Please list any medical concerns the yoga teacher should be aware of:							
What do you hope to get out of these classes (relaxation, strength, etc.)							