

Aging with Equanimity Yoga™



YOGA STUDENT WAIVER AGREEMENT Date _____

I _____ understand that yoga includes physical movements as well as an opportunity for relaxation, stress reduction 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. Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under 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 Heidi BK Sloss, RYT.

Printed name of student, parent or guardian

Signature of student, parent or guardian

Please share what yoga experience, if any, you have:

Do you have any past or ongoing injuries? If yes, please list ALL injuries and dates:

Do you have any diseases or conditions that affect your body and movement? If yes, please list ALL:
