



I _____ (print name) understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education 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. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly. 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 Yoga Soleil or any of its instructors.

Signature of student, parent or guardian _____ Date _____

Print name _____ Birthdate _____

Address _____ City _____ State _____ Zip _____

Phone number _____ Email address _____

Any injuries we need to be aware of? _____

Are you pregnant? Yes No

How did you hear about us? Web site Drive by Friend Other _____

We will never sell or share your personal information.
Heroes Journey Yoga Inc., dba Yoga Soleil