



West Linn Holistic Center

## Student Waiver Agreement

I \_\_\_\_\_ (print name) 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 eliminated. If I experience any pain or discomfort, I will listen to my body, adjust my 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 West Linn Holistic Center, and RYT (registered yoga teachers) practicing at West Linn Holistic Center.

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Signature of student, parent or guardian

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Current email address & phone number

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Date

In the event of an unexpected class cancellation, please provide the best way to reach you: cell, text, or email (circle one)