

# Lincolnshire Yoga

## Waiver and Release Form

Name \_\_\_\_\_

Address, City, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Phone #2 \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_

How did you hear about this class? \_\_\_\_\_

What do you wish to attain through Yoga? \_\_\_\_\_

Have you practiced Yoga before? If yes, how long/often? \_\_\_\_\_

Do you have any physical problems or limitations (surgery, illness, injury, etc.) of which we should be aware? \_\_\_\_\_

Please read carefully:

### Acknowledgement/Assumption of Risk of Injury

I have fully informed myself of all details of taking yoga with Lincolnshire Yoga and have received satisfactory answers to all questions I have concerning the yoga classes and the risks inherent in the program. I acknowledge that there are certain risks of injury, damage or loss associated with participation in yoga. I agree to assume the full risk of any injury, loss or damages regardless of severity which I may sustain as a result of participating in the yoga classes.

### Waiver and Release of Claims for Injury/Permission to Treat

I hereby agree to, and do waive, release and relinquish all claims of every kind, known and unknown, present and future, that I may have against Lincolnshire Yoga, the instructors, and the hosting facilities, arising out of, connected with, or in any way related to, the program and my participation therein.

In the event of an emergency, I authorize Lincolnshire Yoga, its instructors, and/or the hosting facility to secure from any licensed hospital, physician or medical personnel any treatment deemed necessary for my immediate care and I agree I will be responsible for payment of any and all medical services required.

### Indemnity and Defense

I further agree to indemnify and to hold harmless and defend Lincolnshire Yoga, the instructors, and the hosting facility from any and all claims of every kind, known and unknown, present and future, that I may have arising out of, connected with, or in any way related to the yoga classes and my participation therein.

Date: \_\_\_\_\_ Signature of Participant: \_\_\_\_\_