

# YOGA WAIVER FORM

---

**Business Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Waiver and health screening form for yoga studios covering physical limitations, injury history, and assumption of risk for yoga practice.*

---

*\* Required fields*

**Full Name \***

\_\_\_\_\_

**Email \***

\_\_\_\_\_

**Phone Number \***

\_\_\_\_\_

**Date of Birth \***

\_\_\_\_\_

**Emergency Contact Name \***

\_\_\_\_\_

**Emergency Contact Phone \***

\_\_\_\_\_

**Yoga experience \***

*Options: None — complete beginner / Beginner (under 6 months) / Intermediate (6 months - 2 years) / Advanced (2+ years)*

\_\_\_\_\_

**Type of yoga you're interested in**

*Options: Vinyasa / Hatha / Yin / Hot/Bikram / Restorative / Power / All types*

\_\_\_\_\_

**Physical limitations or injuries**

*Back pain, knee issues, wrist injury, etc.*

**Are you pregnant? \***

*Options: Yes / No / N/A*

\_\_\_\_\_

**Medical conditions**

*Blood pressure, vertigo, herniated disc...*

I understand yoga involves physical risk \*

I will inform the instructor of any injuries before class \*

I take responsibility for my own practice and limits \*

**Client Signature \***

Sign here

**Date:** \_\_\_\_\_

---

**CONSENT / WAIVER**

I understand that yoga practice involves physical movements including stretching, balancing, and weight-bearing poses that carry inherent risks of injury. I acknowledge that: (1) I am responsible for practicing within my own limits; (2) I will inform the instructor of injuries or conditions before class; (3) Yoga is not a substitute for medical treatment; (4) Hot yoga carries additional risks including dehydration, heat exhaustion, and dizziness; (5) The instructor may offer physical adjustments — I may opt out at any time. I assume all risks of participation and release the studio, instructors, and their affiliates from liability for injuries during class.

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_