



Please list any physical conditions that may limit your participation in physical exercise:  
(Low or high blood pressure, pregnancy, diabetes, arthritis, hernia, heart trouble, ulcers...)  
All information will be kept confidential.

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I hereby release and agree to hold Ashtanga Yoga Vancouver Inc. harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the yoga studio, or that may otherwise arise in any way in connection with any services received from Ashtanga Yoga Vancouver Inc.. I understand that this release discharges Ashtanga Yoga Vancouver Inc. from any liability or claim that I, my heirs, or any personal representatives may have against the studio with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Ashtanga Yoga Vancouver Inc.. I fully understand that this class is educational and I am solely responsible for my health, safety, and well-being while participating. I agree that I will inform my instructor of any activity which I cannot perform safely and I will not perform any activity which I feel is likely to cause me to injure myself. I agree to hold the instructor harmless from any and all responsibility for any injury that I may sustain during or as a result of my yoga class. This liability waiver and release extends to the yoga studio together with the owner and teachers.

Printed Name: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Signature: \_\_\_\_\_

