



**Do you have any of the following physical conditions?**

- Diabetes     Any heart condition     High Blood Pressure     Glaucoma  
 Neck or other back problems     Sciatica     Headaches/Migranes  
 Latex Allergy     Other: \_\_\_\_\_

(If any items above checked, please explain on the back of this sheet.)

Participation in yoga class includes, but is not limited to participation in meditation techniques, yogic breathing techniques, and performing various yoga postures. Yoga postures, or asanas, are designed to exercise every part of the body—stretching and toning the muscles and joints, the spine and the entire skeletal system. They also work on the internal organs, glands and nerves. Yoga incorporates sustained stretching to strengthen muscles and increase flexibility. Yoga is an individual experience.

My signature acknowledges I understand that in yoga class I will progress at my own pace. If at any point I feel overexertion or fatigue, I will respect my body’s limitations and I will rest before continuing yoga practice.

By signing my name below, I acknowledge that participation in this yoga class exposes me to a possible risk of personal injury. I am fully aware of this risk and hereby release MKW and MKW Yoga Instructors from any and all liability, negligence or other claims arising from or in any way connected with my participation in yoga class. My signature further acknowledges that I shall not now or at any time in the future bring any legal action against MKW or MKW Yoga Instructors, and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors and my assigns.

My signature verifies that I am physically fit to participate in yoga classes and a licensed medical doctor has verified my physical condition for participation in this type of class.

If I am pregnant or post-natal, my signature verifies that I am participating in yoga classes with my doctor’s full approval. I realize that I am participating in yoga classes at my own risk.

Date \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_

Check here if manual adjustment by instructor is ok.