



Yoga Student Waiver Form

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Parent/Guardian Name: _____

Relationship: _____ Phone: _____

What is your yoga experience?

What injuries or limitations do you currently have or have in your medical history? (For example, joint injuries, arthritis, asthma, allergies to scents, etc.)

Are you on any medications? If so, please list medication and related diagnosis.

If you currently have any injuries or are on any medications, do you have your doctor's consent to practice yoga?

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Eden Prairie, MN 55347

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By signing this form, I acknowledge that I/my child will receive information and instruction in yoga, and I understand that yoga involves physical movement that can result in strains, sprains, dislocations of joints or other injuries. As is the case with any physical activity, the risk of injury, even serious or disabling injury, is always present and cannot be entirely eliminated. I represent and warrant that I/my child have no medical condition that would prevent full participation in the yoga class. If I/my child experience any pain or discomfort, I/my child will immediately stop participation in the class.

While there are documented health benefits to practicing yoga, no part of these classes is intended to serve as a substitute for medical care from a licensed health professional. Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether or not I/my child should practice yoga.

I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I/my child might incur as a result of participating in the program. I agree for myself, my heirs, executors and administrators not to sue, and I agree to release, indemnify and hold harmless Joyful Noises LLC, its affiliates, officers, directors, volunteers and employees, and all sponsoring businesses and organizations, and their agents and employees, from any and all liability, claims, demands and causes of action arising out of my/my child's participation in this event and related activities, whether it results from the negligence of any of the above or from any other cause.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Student Name: _____

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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