

YOGA CLASS WAIVER FORM

**Tacoma Buddhist Temple online Yoga class with Kara O'Toole
Valid until December 31, 2022**

All of the information on this form is kept confidential

PARTICIPANT INFORMATION:

Name: _____ Email: _____ Cell/Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY CONTACT NAME: _____ **CELL PHONE** _____

If you accidently fall will there be someone immediately available at your residence? YES NO

Have you practiced yoga before? YES NO If YES, for how long? _____

Limitations/injuries: _____

Do you have numbness/pain (circle all that apply) neck shoulders elbows hands wrist hips
Lower back upper back knees feet

Other (please describe): _____

Participant Waiver & Release of Liability

If at any time during the class, I (Participant) feel discomfort or strain, I will gently come out of the posture. I understand that I may rest at any time during the class. I understand that it is important in yoga to listen to my body and respect its limits.

I, (Participant) the undersigned, understand that yoga is not a substitute for medical attention, examination, diagnosis, or treatment; and that I should consult a physician or healthcare provider prior to beginning any activity program, including yoga. I recognize that it is my responsibility to notify my teacher of any serious illness or injury before every yoga class. I will not perform any postures to the extent of strain or pain.

I (Participant) accept that Tacoma Buddhist Temple and Kara O'Toole is not liable for any injury, or damages, to person or property, resulting from my participation in the class. **Those under 18 years of age must have this form signed by a parent or guardian.**

Name (Print) Signature Date

Parent/guardian signature for participants under 18 years of age:

Parent/Guardian Name (Print) Signature Date