



Joyful Yoga Studio Waiver

Name: _____ Phone: _____

Address: _____ Zip: _____

Email: _____ Birthday: _____

(Email addresses remain confidential. We do not share with any other third party!)

Emergency Contact: _____ Phone: _____

Please indicate any physical conditions or disabilities, current or chronic, medications or allergies that may limit participation in class. _____

How did you hear about Joyful Yoga Studio? _____

I understand that Yoga, Pilates, Pilates Reformer, and Zumba include physical movements as well as an opportunity for relaxation, stress reduction, and relief of muscular tension. I recognize that exercising may require some physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher.

Yoga, Pilates, Pilates Reformer, and Zumba are not substitutes for medical attention, examination, diagnosis, or treatment. These forms of exercise are not recommended and are not safe under certain medical conditions. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any of the Joyful Yoga Studio classes, lessons, or workshops. I represent and warrant that I am physically fit and I have no medical condition, which would prevent my participation.

I knowingly, voluntarily and expressly waive any claim I may have against Joyful Yoga Studio, its owner, its members, instructors, or staff for any injury or damages that I may sustain as a result of participating in the program or from any and all liability arising out of or connected to the use of photograph(s) as stated above.

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

Date: _____ Signature: _____

Required for individuals under 18

Parent/Guardian: (Print and Sign): _____

Joyful Yoga Studio
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