Yoga Release Form



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<u>Note:</u> If you have heart or blood pressure problems, eye problems (such as retinal detachment or glaucoma), have had a recent neck or back injury (or have a chronic neck or back injury), or you are pregnant, please obtain permission from your doctor and yoga instructor before participating in yoga classes.

Assumption of Risk:

I understand that the instructions given by the yoga instructor may be important for my safety and I agree to follow those instructions and to ask for assistance if I do not understand such instructions. I willingly and knowingly assume complete responsibility for all risk of physical injury in any way related to my activities.

If you are under 18 years of age a Parent/Legal Guardian must sign for your permission to participate in yoga classes.

Name (Please Print)	Signature	Date (d/m/y)	Signature of Parent/Legal Guardian