

MEDICAL INFORMATION AND RELEASE

Name: _____ Age: _____

Address: _____ Phone: _____

Are you taking any long-term medication? If so, please name the drug and the reason you are taking it.

Do you have any health or medical concerns, including injuries, which would be helpful for your instructor to be aware of?

Please use this space to inform your instructor of any questions you may have relative to your participation in this class:

AGREEMENT

I agree to the following:

1. That I am participating in the yoga classes offered by Shayamali Wanigasinghe and Breathe Hatha, LLC during which I will receive information and instruction about yoga. I recognize that yoga requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation and I represent and warrant that I am physically fit and have no medical condition which would prevent my full participation the yoga classes, health programs or workshops.
3. In consideration of being permitted to participate in the yoga classes, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which might incur as a result of participating in the program.
4. In further consideration of being permitted to participate, I knowingly, voluntarily and expressly waive any claim I may have against Shayamali Wanigasinghe and Breathe Hatha, LLC for injury or damages I may sustain as a result of participating in the program.

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

Signature: _____ Date: _____