

Bay City Yoga Information Form

Name: _____ Phone: _____

Address/City/State/Zip: _____

Email: _____ Date of Birth: _____

Emergency Contact: _____ Phone: _____

Please check and describe any of the following that may apply to you:

- Currently pregnant
- Recent surgery/medical procedure
- Respiratory issues
- Orthopedic issues (neck of back pain)
- Other

Please explain:

RELEASE AND WAIVER OF LIABILITY

I understand that my participation in yoga classes is voluntary, and that I should consult with a physician prior to my participation. I understand that yoga includes physical movements that present a risk of injury, even serious or disabling, and It is my responsibility to follow the guidance of my physician, as well as listen to my body at all times and make the necessary adjustments to suit my body's needs.

I freely understand, acknowledge, and willingly accept full responsibility for any injuries, damages, or losses which may occur to me during or as a result of my participation in yoga classes or my presence at Bay City Yoga LLC. I fully and forever release and discharge Barbara Bailey, Peter Hardy, bay City Yoga, or their agents or insurers from any and all claims resulting from or arising out of my participation in the yoga classes or mv presence on the property.

Signature _____

Parent or Guardian _____

Date _____