

## Yoga Retreat Enrollment and Waiver Form

Retreat Date: \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Limitations, Injuries, Surgeries \_\_\_\_\_

If so, date of onset/surgery \_\_\_\_\_

- ***I require two weeks' notice for full refund on cancellations. Cancellations made after this time will be given at 50% of retreat fee. Cancellations within 48 hours of the retreat will not be given a refund.***

***( \_\_\_\_\_ ) Client initials***

### **Release and Waiver of Liability**

In any physical activity, risk of serious physical injury is possible. Yoga is no substitute for medical diagnosis and treatment. Yoga practice and/or specific poses are not recommended for individuals with certain conditions. (e.g., cardiac illness, later stages of pregnancy, post-surgery). The student assumes the risk of yoga practice and releases the teacher from any liability claims.

I, \_\_\_\_\_, am participating in a yoga retreat

**at 2124 St. Bernard Drive with Toni Kuhn.** I am aware of the physical risks involved with strenuous exercise and understand it is my personal responsibility to consult with my doctor regarding my participation. I have no medical condition, which would prevent me from taking part in the yoga retreat and yoga classes, and I assume responsibility for any risk or injury I may sustain as a result of my participation.

***I have read the above release and waiver of liability and understand its contents, I agree to the terms and conditions stated above.***

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_