



## Waiver Agreement for Yoga Class and/or Yoga Therapy

Please print out, complete and bring to your first class or yoga therapy session. Thanks.

I, \_\_\_\_\_ (Print Name)

understand that yoga includes physical movements as well as the opportunity for relaxation, stress re-education and relief of muscular tension. As in the case in any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions.

I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Springdale Yoga or any Springdale Yoga Instructors for medical services arising from my participation in Yoga Classes or Yoga Therapy.

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Signature of student, parent or guardian

Date

Thanks and Namaste,

Margie Wilsman, PhD, CSYT, RYT

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