



Yoga Informed Consent & Contact Form

We invite you to enthusiastically approach your yoga practice. However, we encourage you to use care when determining your own ability to do the exercises offered in these classes. Do not aggravate an existing injury or condition, please consult your health care professional.

The instruction and advice presented in this class is not meant to be used in lieu of professional, medical or psychological care for the treatment of any condition.

There are certain limitations to the practice of yoga for pregnant and menstruating women. Please read the handout about this or ask the instructor.

I, _____, understand that yoga can be physically intensive and I voluntarily assume the risk inherent in my participation in classes, including the risk of injury, accident, death, loss, cost or damage to my person or property, and I release and indemnify teacher and The Well, LLC from and against any and all such claims and liabilities, including attorneys' fees.

I further attest that I am in sufficient physical health, and/or that I have consulted with a physician and I am able to undertake and engage in the physical movements and exercises in yoga class. **I assume responsibility to update The Well, LLC or the teacher of any changes in my medical condition that might affect my safety or participation in classes.**

***Health issues, medical conditions or concerns:

***Is this Your first Yoga Class? Yes___ No___

Signature _____ Date _____

Name: _____

Address: _____

Email Address: _____

Phone Number: (____) _____

Would you like to receive the "Well Happenings" Email?

Yes _____ NO _____

All information given is kept confidential.

How did you find out about The Well? _____

***please give this form to the teacher of your class.