



Name \_\_\_\_\_

Address \_\_\_\_\_

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

Cell \_\_\_\_\_ Permission for Text \_\_\_\_\_

Email \_\_\_\_\_

**IMPORTANT;**

**PHYSICAL DIAGNOSIS, CONDITIONS LIMITATIONS, INJURIES**

**Pre/post natal with doctors permission**

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

I \_\_\_\_\_ am participating in Yoga, Strength/Stability, Ball Roll-Out, Zoom Online classes and/or Workshop/Focus classes at Studio 87 and I'm aware of the physical risks involved with all 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 participating in any of the above classes or workshops and I assume responsibility for any risk or injury I may sustain as a result of my participation. I have read this release and waiver of liability, I understand its content and agree to the terms and conditions stated above.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date