



Teen Yoga WAIVER & RELEASE FORM

Name: _____ DOB: _____ Grade: _____

Address: _____

Phone: _____ Email: _____

Parent(s)/Guardian(s): _____

Parent(s)/Guardian(s) Emergency Phone#: _____

Would you like to be added to our email list? (Please circle one.) **Yes** **No**

I understand that yoga and other body-centered practices, such as Tai Chi and Qigong, include physical movements as well as opportunities for relaxation, stress reduction, and relief of muscular tension. However, with any physical activity the risk of injury is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, discontinue the activity and ask for support from the instructor. I assume full responsibility for any and all damages which may result from my participation in any class offered by a *Bridge Studio at Art of Awareness* instructor.

Yoga and body-centered practices are not a substitute for medical attention, examination, diagnosis, or treatment, and our classes may not be safe under certain medical conditions. By signing this waiver, I affirm that I have the approval of my physician to participate in classes taught by a *Bridge Studio at Art of Awareness* instructor. I will make the instructors aware of any of my medical conditions or physical limitations before class. If I am pregnant, become pregnant or am post-natal or post-surgical, my signature verifies that I have my physician's approval to participate. I also affirm that I alone am responsible for deciding whether to participate in yoga and body-centered practices taught by a *Bridge Studio at Art of Awareness* instructor, and that participation is at my own risk. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against *Bridge Studio at Art of Awareness* and any of its staff or instructors.

I have read, fully understand, and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as a complete and unconditional release of all liability to the greatest extent allowed by the law in the State of Maine.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

**If student is a minor.*