



Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Would you like to get emails that include tips, discounts and upcoming offerings?

Yes No

Please always inform your teacher before each class of any injuries or limitations. It is your responsibility to inform your teacher of any issues you may have.

Any past or present conditions, injuries, surgeries, and/or limitations we should know about today:

By my signature below, I acknowledge that any exercise, including the practice of yoga, has inherent risks. I certify that I am physically able to practice yoga. And therefore, I do hereby agree that Wellness Works, LLC and its teachers and individual contractors are not responsible or liable to me for any injury or accident. I do hereby release Wellness Works, LLC, Michelle Warner Hansen, and it's employees and students from any claim or cause of action which may have occurred as a result of any medical condition, known or unknown, which I have knowledge presently or in the future. I verify no promises or guarantees, other than those written in this agreement made to me by Wellness Works, LLC and/or Michelle Warner Hansen or its employees. I agree to follow the instructional guidelines presented to me by Wellness Works, LLC staff. I agree that I am solely responsible for my health and well-being, as well as my decision to practice yoga. I agree to listen to my body, and monitor myself during each session. In addition, I understand that any information obtained through this waiver is confidential information and will not be released without my consent.

I certify that I have read this agreement, and agree to the terms herein.

Signature: _____

Date: _____