



AMMA PREMA

## Release & Waiver of Liability

### GENERAL INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Birth Date (mm/dd/yy): \_\_\_\_\_ Street Address: \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

### SPORTS/MEDICAL HISTORY

What is your experience with yoga? (circle one) novice intermediate advanced

If experienced, please describe: \_\_\_\_\_

\_\_\_\_\_

Describe your physical activity on a typical day: \_\_\_\_\_

Are you affected by any of the following: \* Heart problems of any type? Yes No \*  
High Blood Pressure? Yes No \* Glaucoma? Yes No \* High Blood Pressure? Yes No \* Arthritis or another

bone or joint problem? Yes No \* Diabetes? Yes No \* Pregnancy? Yes No \* Any other disease or health

condition not listed above? yes No If yes, please describe: \_\_\_\_\_

### RELEASE & WAIVER OF LIABILITY I agree to the following:

1. The information I have provided above is complete and accurate.

2. I understand yoga includes physical movements and meditations that can improve my body & mind, but occasionally can cause harm. If I experience any discomfort, I will listen to my body, and adjust the posture, & ask the teacher about it. I affirm I alone am responsible to decide whether to practice yoga. Being aware of the potential risks, I agree to hold harmless and indemnify Amma Prema, it's management, teachers (including OmKara Ma aka Elaine Barr), & property owners (including Christopher & Elaine Barr), from any liabilities arising out of my participation in yoga activities, including any injury to me, my fetus (in the case of prenatal yoga), or my infant (in postpartum yoga). This applies to my assigns, heirs and others.

3. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in yoga conditioning. I represent and warrant that I am physically fit and have no medical conditions that would prevent me from participation in yoga conditioning sessions. I assume full responsibility for any injuries or damages, known or unknown, which I might incur as a result of participating in yoga conditioning sessions.

PRINT: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_