

YOGA WAIVER & RELEASE FORM
Retreat Yourself Yoga Retreat
Jake's Hotel Treasure Beach, Jamaica
February 15-18, 2024

Name: _____
DOB: _____
Address: _____
Phone #: _____
Email Address: _____

Have you ever practiced Yoga before? YES / NO If so, what kind and for how long?

Please list any injuries, medical issues, and/or important medical history:

Emergency Contact: _____

Phone Number: _____

LIABILITY WAIVER AGREEMENT

I _____ (print name) understand that yoga includes physical movements as well as an opportunity for relaxation, stress reduction and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. I acknowledge that if at any time during the class discomfort or strain is felt, I will gently come out of the posture and notify the teacher. I will rest at any time during the class or end my yoga session if necessary. I will listen to my body and respect its limits on any given day. I, the undersigned, understand that yoga and/or meditation is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I agree to consult with my physician prior to beginning any activity program, including yoga, especially if I have a current medical condition. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Michelle Baldino Yoga LLC and Nikki Rowinski Yoga.

All sales for yoga retreat are final, excluding all refunds, exchanges, or cancellations even if I withdraw from a current yoga retreat. I have read and fully understand and agree to the above

terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my participation in yoga is at my own risk.

Signature:

Date:
