

Name_____

Address_____

City_____ State_____ ZIP_____

Phone_____

Email_____

Birth Date_____ Known Physical Limitations_____

I hereby stipulate that I am physically sound to proceed with instruction in yoga. It is further agreed all exercises and lessons shall be undertaken at my sole risk and that *LifeStream Health Centre & Med Spa* shall not be liable for injuries or damages to my person or property arising out of, or connected with, the use of services or facilities of *LifeStream Health Centre & Med Spa* or the premises in which the same are located. I do hereby forever release and discharge *LifeStream Health Centre & Med Spa* from all such causes of action.

If I have any physical or medical conditions, or am not in overall good health, I agree to consult with my physician before starting any new yoga or exercise program and also agree to inform the instructor of my condition(s) prior to class.

Signature_____ Date_____