



Prajna LLC Waiver & Release Form

Name: _____ Age: _____ Birth Date: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell (if different): _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____ Relationship: _____

I understand that yoga, pilates and all forms of exercise offered at Prajna LLC include physical movements as well as an opportunity for relaxation, stress re-education 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. If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the instructor. I will continue to breathe smoothly. I assume full responsibility for any and all damages, which may incur through participation. I understand that from time to time during these sessions, classes, programs or workshops that the instructor may physically adjust/assist students' form when practicing exercises. If I do not want such physical adjustments/assists, I will so inform the instructor at each class I attend. I also acknowledge that if I do wish to receive such adjustments/assist, it is my responsibility to inform the instructor when an adjustment/assist has gone as far as I desire at that time.

Yoga, pilates and all forms of exercise are not a substitute for medical attention, examination, diagnosis or treatment. Yoga, pilates and all forms of exercise are not recommended and are not safe under certain medical conditions. By signing, I affirm that a licensed physician has verified my good health and physical condition to participate in such a fitness program. In addition, I will make the instructor aware of any medical conditions or physical limitations before class. If I am pregnant, become pregnant or I 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 to decide whether to practice yoga and participation is at my own risk. I, my heirs or legal representatives hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Prajna LLC and it's instructors.

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 signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the State of Wisconsin.

Signature of Participant

Date

As Legal Guardian of _____, I consent to the above.

Signature of Parent/Guardian (if participant is under 18.)

Date