



2569 W. Fullerton Ave. Chicago, IL 60647  
PH: 773-252-9740 Fax: 773-252-9746  
Email: balanced-body@sbcglobal.net  
www.balancedbodywellness.net

### Release Form for Yoga Classes

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

1. Is this your first hot/reg. yoga class? *If no, what other experiences have you had?*
2. What other types of exercise do you do?
3. Please indicate any physical conditions or disabilities, current or chronic, which might affect participation in this class.
4. Are you currently taking any medication? If yes, please explain.
5. Do you currently have any of the following conditions:  

High Blood Pressure <input type="checkbox"/> Yes <input type="checkbox"/> No	Back/Neck Injuries <input type="checkbox"/> Yes <input type="checkbox"/> No
Glaucoma/Detached Retina <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you have any questions or concerns about taking hot/reg. yoga classes?
7. How did you hear about us? (Please be specific)

Please read the following and sign below:

I, \_\_\_\_\_, hereby agree to the following:  
(Print Name)

As a student participating in class with Balanced Body Integrated Wellness, I, the undersigned, understand I will receive information and instructions about hot yoga and health. I understand and acknowledge that my participation may involve strenuous activity.

I, the undersigned, acknowledge that I am physically and mentally healthy and do not suffer from any disability that would prevent or limit my participation. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in hot yoga classes.

I knowingly, voluntarily and expressly waive any claim I may have against Balanced Body Integrated Wellness for injury or damages that I may sustain as a result of participating in the program.

I hereby release and discharge Balanced Body Integrated Wellness from any and all liability whether now existing or occurring in the future. I also agree to indemnify and hold Balanced Body Integrated Wellness harmless from any and all liability covered or not covered by the release.

I hereby acknowledge that I have read this agreement and understand the release and terms contained herein.

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

Balanced Body Witness: \_\_\_\_\_