



Student Waiver Agreement

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|---|--|---|-----------|
| Last Name | | First Name | |
| Address | | City | State Zip |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | | Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell | |
| Email Address | | Date of Birth | |
| Emergency Contact Name | | Emergency Contact Phone | |
| How did you hear about Cosmic Dog Yoga? | | | |
| <input type="checkbox"/> Another Client (Name: _____) <input type="checkbox"/> Costco Business Book <input type="checkbox"/> Drive/Walk By <input type="checkbox"/> Facebook <input type="checkbox"/> Farmer's Market <input type="checkbox"/> Google <input type="checkbox"/> MeetUp.com <input type="checkbox"/> School Auction/Event <input type="checkbox"/> The Independent <input type="checkbox"/> Yahoo <input type="checkbox"/> Yelp <input type="checkbox"/> Other (Please Specify: _____) | | | |

I _____ (print name) understand that yoga includes 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, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. 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 Cosmic Dog Yoga.

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| Signature of student, parent or guardian | Date |
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