



## Yogapeutics, LLC Aerial Yoga Waiver Form

\*(If participant is under 18 years of age, a responsible guardian or parent must complete and sign the following waiver for the participant.)

### Please Print Clearly

Name of participant: \_\_\_\_\_

Name of 2nd participant (if applicable) \_\_\_\_\_

\*Guardian Name (if signing waiver for a minor): \_\_\_\_\_

Best Contact Email: \_\_\_\_\_

Telephone/Guardian telephone number: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Emergency contact number: \_\_\_\_\_

I, \_\_\_\_\_ (print name/guardian name), understand that yoga and all activities and instructions provided by Yogapeutics including but not limited to physical movements, stretching, breathing exercises, strengthening exercises, meditation techniques and hands-on physical adjustments are intended for the purpose of improving alignment or gaining a better understanding of movement and that I/my child may decline any of these options and activities at my/my child's own choosing.

I understand and/or will explain to my child that if I/my child experience/s pain, discomfort, excessive fatigue or overexertion, I/my child will rest and notify the instructor immediately. I am aware that aerial yoga is not a substitute for medical attention, a diagnosis, nor treatment and is not safe under certain medical conditions. I am solely responsible for the decision to practice or have my child practice aerial yoga at Yogapeutics.

By signing below, I acknowledge that, as is the case with any physical activity, participation at Yogapeutics poses a possible risk of personal injury including death. I am fully aware of the possible risks involved in yoga-oriented classes at Yogapeutics and hereby agree to irrevocably and voluntarily release Yogapeutics, LLC from and against any and all claims and liabilities.

For classes with Lindsey Lieneck, OTR or Tamara Bassett, OTR as instructors, my signature below further acknowledges the understanding that in this setting, these instructors are acting as yoga teachers and mindfulness instructors, not as occupational therapists.

**Signature/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_