



SFHS Wellness Center Yoga and Mindfulness Group

Permission Slip and Waiver Form

**Please note, all of the information on this form is kept confidential.

Registrant Details:

Name: _____ Grade: _____

Parent/Guardian Name: _____ Parent/Guardian Phone Number: _____

Have you practiced yoga before? Yes/No (Please circle)

If YES, for how long? _____

Limitations/Injuries:

Do you have any numbness/pain in (circle all that apply): neck shoulders elbows hands wrists hips
lower back upper back knees feet other (please note): _____

Waiver

If at any time during the class, you feel discomfort or strain, gently come out of the posture. You may rest at any time during the class. It is important in yoga that you listen to your body and respect its limits on any given day.

I, _____, understand that yoga is not a substitute for medical attention, examination, diagnosis, or treatment. I should consult a physician prior to beginning any activity program, including yoga. I recognize that it is my responsibility to notify my teacher of any serious illness or injury before every yoga class. I will not perform any postures to the extent of strain or pain.

I accept that neither the instructor, nor the hosting facility, is liable for any injury, or damages, to person or property, resulting from the taking of the class. Those under 18 must have this form signed by a parent or guardian.

_____	_____	_____
Name (Print)	Signature	Date
_____	_____	_____
Parent/Guardian (Print)	Signature	Date

*Please wear comfortable clothing and bring a water bottle. We will provide the yoga mats and the yoga blocks.

