



Waiver and Release Form

Name: _____

Phone: _____

Email: _____

Birthday Month: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

How were you referred to BCS Wellness?

Would you like to receive our monthly newsletter?

Yes ___ No ___

Are you sensitive to aromatherapy (or anything else you may use in class)

Have you tried yoga before, what was your experience?

Is there anything else you want me to know? _____

Any past or present conditions, injuries, surgeries, or inhibitions:

What services are you interested in? Please circle all that apply. Feel free to add an interest.

Private Yoga Couples Yoga Therapeutic Yoga Yoga Workshops _____

Yoga Teacher Training Local Yoga Retreats International Yoga Retreats



I 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, 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.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is 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 hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against BCS Wellness and its instructors.

By my signature below, I certify that I am physically able to practice yoga and do hereby agree that BCS Wellness and/or any instructor at BCS Wellness studio(s) is not responsible or liable to me for any injury, accident or loss of personal property. I do hereby release BCS Wellness and its' employees and students from any claim or cause of action which may have occurred as a result of any medical problem known or unknown which I have knowledge presently or in the future. I verify no promises or guarantees, other than those written in this agreement were made to me by BCS Wellness and/or any instructors at BCS Wellness Studio(s) or its' employees, contractor(s), and students. I agree to follow the instructional guidelines presented by BCS Wellness or any other instructor(s).

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 Illinois.

Signature: _____

Date: _____