



FREE CLASS PASS AND WAIVER



(Please print all information)

Fill out the following form and send Ken an email at: livepsn8ly@yahoo.com or give him a call at: 832-496-2497 to let him know which yoga class you would like to attend.

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|-------------|------------|------|--|
| First Name: | Last Name: | | |
| Address: | | | |
| City: | State: | Zip: | |
| Phone: | Email: | | |

If you have any *Physical Limitations or Areas of Awareness* that you think Ken should know about, please list them here.

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STUDENT WAIVER AGREEMENT

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 the City of Sugar Land, Ken Hainline and Yoga for EveryBody.

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| Signature: | Date: |
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