

Name:
Email:

Address:
Cell:
DOB:

Emergency Contact:
Phone:

I, , am aware that Lindsey Auman is working with me by sharing her knowledge of “yoga.” I understand that the practice of yoga involves physical movement and exercise which may, from time to time, be strenuous, and that such practice carries some risk of injury. I understand that I must judge my own capabilities with respect to practicing yoga with Lindsey Auman. I agree to take full responsibility for not exceeding my limits in the practice of yoga, for selecting appropriate degrees of difficulty, and for any injury that I may have now or may suffer in the future during or outside of the practice of yoga. I acknowledge that I have ascertained with my doctor that there is no medical reason to prevent my participation in practicing yoga with Lindsey Auman. I also acknowledge that it is my responsibility to inform Lindsey Auman immediately if any injury occurs during class. I understand that Lindsey Auman may physically adjust my form and it is my responsibility to inform her when an adjustment has gone as far as I desire at that time. I hereby waive and release any claim that I may have at any time for injury of any sort against Lindsey Auman.

**I have carefully read, fully understand and agree to the above.**

Client Signature: Date:

Parent Signature (if client is under 18 years of age):

Date: