



*Just Breathe*  
STUDIO

Yoga • Tai Chi • QiGong • Pilates

justbreathestudio.com

Name:

Address:

Phone:

Email:

Birth Date:

\*HOT YOGA requires doctor's approval for ages 50 and over.

Emergency Contact Name & Number:

Do you have any injuries or illnesses that might affect your stamina, strength, balance or range of motion? Please describe below and discuss with your instructor.

If you experience high blood pressure\* or have a heart condition\*, do you have your doctor's approval to exercise? \*HOT YOGA not a class option.

Do you have any joint or spinal column problems? Please describe below and discuss with your instructor?

Are you pregnant\*\*?

What is your due date?

\*HOT YOGA not a class option.

What other activities would be of interest to you?

How did you hear about Just Breathe Studio?

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, \_\_\_\_\_ , hereby agree to the following:

1.) That I am participating in the yoga, tai-chi, qigong, pilates and dance classes as well as health programs or workshops offered by Just Breathe Studio during which I will receive information and instruction about fitness classes and health. I recognize that the classes require physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

2.) I understand that it is my personal responsibility to consult with a physician prior to and regarding my participation in Just Breathe Studio's classes, health programs or workshops. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in Just Breathe Studio's classes, health programs or workshops.

3.) In consideration of being permitted to participate in the yoga, tai-chi, qigong, pilates, dance classes, seminars and workshops, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of participating in the program.

4.) In further consideration of being permitted to participate in Just Breathe Studio's classes, seminars and workshops, I knowingly, voluntarily, and expressly waive any claim I may have against Just Breathe Studio for injury or damages that I may sustain as a result of participating in the program.

5.) I, my heirs or legal representatives forever release, waive, discharge, and covenant not to sue Just Breathe Studio for any injury or death perceived to be caused by negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions listed above.

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Date \_\_\_\_\_ Signature of Participant \_\_\_\_\_

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Witnessed by: \_\_\_\_\_ (Guardian's Signature if under 18)