

**STUDENT WAIVER AND RELEASE OF LIABILITY**

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Seattle, WA 98118  
(206) 478-5357

laura@rainierbeachyoga.com

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| --- |
| Date: |

|  |  |
| --- | --- |
| Last Name: | First Name: |
| Address: | City: |
| State: | ZIP: |
| Phone: ( ) - | Email: |
| Birthdate: / / | Pronouns: she/her he/his they/them  other: |
| Would you like to be subscribed to our newsletter (including specials and coupons)?  Yes No | |
| How did you hear about us? | |
| Previous Yoga Experience: | |
| Injuries: | |
| The following is a release and liability waiver. Please read carefully before signing and ask for clarification on any portion that you do not understand. Please initial after each statement indicating that you understand and agree to the statement: | |

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| 1. I understand that Yoga involves physical activity, and that there is an inherent risk when participating in physical activities. I agree to let the teacher know of any physical limitations I might have, or any physical activities or movements I do not wish to participate in. | INITIAL: |
| 2. I hereby release Laura Humpf, Rainier Beach Yoga, Satmato Yoga, Inc., and all other sponsoring agencies from responsibility for any injuries I may sustain as a result of participation in this and/or future sessions. | INITIAL: |
| 3. Although Laura Humpf is a Licensed Marriage and Family Therapist, Yoga classes are not a substitute for mental health counseling, nor will mental health therapy be provided in Yoga classes. I understand that I am not receiving mental health counseling while in a Yoga class. | INITIAL: |
| 4. Photo Release. There are occasions your photo may be taken in workshops and/or classes. By signing this you agree this information can be used for promotional use. | INITIAL: |
| I have read the above waiver and agreement and have fully understood its contents. By signing below, I am fully agreeing to all of the above statements. | |
| SIGNATURE: | |
| DATE: | |