



GK Yoga - Release and Liability Waiver Form.

Name:	Telephone:
Address:	Birthdate:
Email address:	May we contact you by email? YES NO (Please circle choice)
Emergency contact name:	Emergency contact telephone number:

How did you hear about GK Yoga?			
What are your primary goals for this class?			
Please circle the activities you have done:	Yoga	Meditation	Sports
What other forms of exercise do you do?			

Please check any existing or past conditions:

Blood pressure:	High	Low
Back / neck pain:		
Knee pain:		
Hip pain:		
Anxiety / depression:		
Glaucoma:		
Pregnancy (current):		

Please list any other health concerns, injuries, allergies or medical conditions:

In any physical activity, risk of serious physical injury is possible. Yoga and other activity is no substitute for medical diagnosis and/or treatment. The student assumes the risk of Yoga or other activity and releases the teacher(s) of GK Yoga and Graham Kelly from any liability claims.

I, _____ (**please print name**), am participating in classes or workshops with Graham Kelly. I am aware of the physical risks involved with exercise and understand it is my personal responsibility to consult with my doctor regarding my participation. I have no medical condition, which I am aware of, that would prevent me from taking part in classes or workshops, and I assume responsibility for any risk or injury I may sustain as a result of my participation. I have read the above release and waiver of liability and understand its contents. I understand that it is my responsibility to find a pace that suits me during the class. I agree to the terms and conditions stated above.

Signature: _____ **Date:** _____