



Adaptive Yoga Student Waiver Form

Name: _____ Date: _____

Address:

Phone: _____ Email: _____

Parent/Guardian Name: _____

Relationship: _____ Phone: _____

What is your yoga experience?

What injuries or limitations do you currently have or have in your medical history? (For example, joint injuries, arthritis, asthma, allergies to scents, etc.)

Are you on any medications? If so, please list medication and related diagnosis.

If you currently have any injuries or are on any medications, do you have your doctor's consent to practice yoga?

By signing this form, I acknowledge that my child will receive information and instruction in adaptive yoga, and I understand that yoga involves physical movement that can result in strains to muscles, joints or other injuries. As is the case with any physical activity, the risk of injury, even serious or disabling injury, is always present and cannot be entirely eliminated. During adaptive yoga, if my child experiences any pain or discomfort, my child will immediately stop participation.

While there are documented health benefits to practicing yoga, no part of these classes is intended to serve as a substitute for medical care from a licensed health professional. Adaptive yoga is not a substitute for medical attention, examination, diagnosis or treatment. I affirm that I alone am responsible to decide whether or not my child should participate in adaptive yoga.

I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which my child might incur as a result of participating in the program. I agree for myself, my heirs, executors and administrators not to sue, and I agree to release, indemnify and hold harmless Sunny Days Therapeutics LLC, its affiliates, officers, directors, employees and all sponsoring businesses and organizations, and their agents and employees, from any and all liability, claims, demands and causes of action arising out of my child's participation in this event and related activities, whether it results from the negligence of any of the above or from any other cause.

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

Student Name: _____

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____