

# Big Fish Yoga Student Waiver

Please fill out completely before you participate in Yoga or Dance Classes taught by Connie Moker Wernikowski live or on-line. This waiver is valid from August 1, 2024 to August 31, 2025.

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ (H) \_\_\_\_\_ (Alt)

Email address \_\_\_\_\_

Do you have any medical restrictions or conditions? Yes No

If Yes, Please explain: \_\_\_\_\_

If you are a new student – have you practiced yoga before? When and how often? \_\_\_\_\_

## Yoga and Dance Activity Disclaimer

I hereby consent as a participant in yoga or dance classes and agree to assume all of the risks involved. I understand that Big FishYoga, or Connie Moker Wernikowski does not provide medical insurance relative to accidents or injuries, as a result of program related activities; and that I cannot hold Connie Moker Wernikowski personally responsible for any liability.

I recognize that any form of physical activity is a potentially hazardous one, and that they involve a risk of possible injury. I hereby affirm that I am voluntarily participating in these activities with the knowledge of the risk involved. I agree to expressly assume and accept any and all risks of injury.

I hereby affirm myself to be physically sound and suffering from no condition, ailment, impairment, disease, or other illness that would prevent my participation in yoga or dance activities, I declare that I have disclosed any and all medical history to Big Fish Yoga /Connie Moker Wernikowski, relevant to participation.

Signature \_\_\_\_\_ Date \_\_\_\_\_