

# Big Fish Yoga Student Waiver

Please fill out completely before you participate in Yoga or Dance Classes taught by Connie Moker Wernikowski. This waiver is valid from September 1, 2018 to August 31, 2019.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Do you have any medical restrictions or conditions? Yes No

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

## Yoga 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 Fish Yoga, Holy Yoga, or Connie Moker Wernikowski does not provide medical insurance relative to accidents or injuries, as a result of program related activities; and that I can not hold Holy Yoga or affiliated Holy Yoga teacher (Connie Moker Wernikowski) personally responsible for any liability. \_\_\_\_\_ (initial)

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. \_\_\_\_\_ (initial)

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 activities, I declare that I have disclosed any and all medical history to Holy Yoga, Big Fish Yoga /Connie Moker Wernikowski, relevant to participation. \_\_\_\_\_ (initial)

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