

Lift Easton.com

Intake Waiver Form



I, _____ understand that I will be participating in a formal exercise program incorporating **yoga methods** and exercises into the class format so that I can improve my strength, endurance, flexibility, **balance**, core strength, and overall health and wellness. I understand that my instructor is fully trained through the YogaFit International Training Systems, Inc. with a specialty emphasis on senior clients.

I understand that I am expected to pace myself during my workout, and have been reminded to "honor my body". I agree that I will be working at my own pace, taking breaks in the routine as often as I need, and choosing to do or not do an exercise based on my knowledge of my current health and fitness level.

I have been instructed to alert my instructor of any special needs or injuries that I may have that could effect my safety and security during the exercise program.

I understand that if I report to the club, management, or instructor that I have had or currently am being treated for an injury or condition, that it would be most appropriate for me to submit an informal document from my doctor stating his/her approval for my participation in this exercise program.

I have listed on the back of this waiver, any medications that I regularly take, specifically ones that could affect my heart rate and performance abilities during exercise, such as stimulants, beta blockers, blood pressure medications, and heart medications.

I understand that by signing below, I release this club, studio, instructor, management, and/or owner of all liabilities for my health and safety during my participation in exercise classes.

I only provide this release with the understanding that my instructor is fully trained, certified, and respected in the industry for group exercise (YogaFit style classes).

Please Print Name _____ Birth date _____

Email _____ Phone _____

Address
City, State and Zip _____

Emergency Contact _____ Phone _____

Current limitations _____

Signature _____