

Aerial Yoga Release Form

Yoga **centric** . 227 Gateway Drive . Bel Air, Maryland 2014



Client Name:

Telephone:

Address:

City: _____ State: _____

Zip: _____

E-mail address:

Medical Alert (injuries, physical limitations, ailments, etc.)

How did you hear about aerial yoga?

Participation in suspension/aerial yoga classes includes, but is not limited to, performing various suspended yoga postures and/or suspended strength training. Yoga postures, or asanas, are designed to exercise every part of the body---stretching and toning the muscles and joints, the spine and the entire skeletal system. They also work on the internal organs, glands and nerves. Yoga incorporates sustained stretching to strengthen muscles and increase flexibility. _____

Client initials

Yoga and physical exercise is an individual experience. I understand that in yoga, and in any other exercise class, I will progress at my own pace. If at any point I feel overexertion or fatigue, I will respect my own body's limitations and I will rest before continuing yoga or any other exercise. _____

Client initials

By signing my name below, I acknowledge that participation in aerial/suspension classes or any other exercise class exposes me to a possible risk of personal injury. I am fully aware of this risk and hereby release Kimberly DeAngelis and Yoga Centric from any and all liability, negligence, or other claims arising from, or in any way connected with, my participation in this and any other exercise class.

Client initials

My signature further acknowledges that I shall not now, or at any time in the future, bring any legal action against Kimberly DeAngelis and/or Sanctuary Bodyworks; and that this waiver is binding on me, my

heirs, my spouse, my children, my legal representatives, my successors and my assigns. _____

Client initials

My signature verifies that I am physically fit to participate in suspension yoga classes, or any other exercise classes, and a licensed medical doctor has verified my physical condition for participation in this type of class. _____

Client initials

If I am pregnant, or become pregnant, or am post-natal, my signature verifies that I am participating in aerial/suspension, or any other exercise classes, with my doctor's full approval. _____

Client initials

I realize that I am participating in suspension yoga, or any other exercise classes during my session(s), at my own risk and will not hold my instructor or studio responsible for occurrences unknown to either party.

Client initials

My signature is binding to this liability waiver from this day forth. _____

Client initials

Date _____

Signature _____

IF UNDER 18 YEARS OF AGE, please initial here: _____

As legal guardian of _____, I consent to the above conditions.

Signature of Guardian: _____

(Circle one) I DO/DO NOT (please circle one) give permission for my photograph or likeness to be used for promotional

purposes. _____ (initial) _____ (date)



Enjoy your Aerial Yoga Sessions(s),

Candice Hennessey RYT200, studio owner

Kim Deangelis RTY200, lead aerial instructor