



Serenity Salt Cave
& Healing Center

Yoga Liability & Safety Waiver Agreement

Name: _____ Birthdate: ____/____/____

Address: _____ City: _____ Zip: _____

Phone Number: _____ Email: _____

Emergency Contact Name: _____ Phone: _____

Referred by (Name)/How did you hear about us? _____

Have you practiced yoga before? _____

Primary reason for coming to Serenity Salt Cave & Healing Center: Physical Health _____ Flexibility _____ Stress Relief _____

Emotional Balance _____ Body Work _____ Spiritual Practice _____

Would you like more information about our other services? Salt Cave _____ Massage _____ Reiki _____ Healing Touch _____

Do you have any of the following conditions that your instructor should be aware of?

Pregnancy _____ Heart/Circulatory Problems _____ High or Low Blood Pressure _____ Epilepsy/Seizures _____ Diabetes _____

Medical conditions, injuries or disabilities (Ex: Neck/Back/Spinal Injury, Joint Injury, Muscular Injury, Recent Surgery) _____

Waiver and Release of Liability

I understand that yoga includes physical movements. I understand I may receive information and instructions, including verbal and physical adjustments about yoga and health. As in the case of any physical activity, the risk of injury, even serious and disabling, is always present and that it is my duty to consult a licensed physician regarding any conditions that might increase those risks prior to any yoga class I may take. If I develop or are diagnosed with a new condition that my affect my yoga practice, I will bring such to the instructor’s attention. If at any time during the class I feel discomfort or strain, I know I am not obligated to continue and may gently come out of that posture. I knowingly, voluntarily, and expressively waive any claim I may have against The Serenity Salt Cave & Healing Center, LLC., its instructors and staff, and its owners for any injury, death, or damages that I may sustain as a result of being in The Serenity Salt Cave & Healing Center, LLC. Facility or as a result of participating in a class, workshop, or event, including loss that may be caused by the negligence of the released party. I release and discharge The Serenity Salt Cave & Healing Center, LLC., its directors, owners, staff, and its instructors from any and all liability, claim, demand, or action that may have related to the loss, theft, or damage of any of my personal property while at The Serenity Salt Cave & Healing Center, LLC. facility

This document, signed once, and the agreements made herein, and the foregoing waiver and release of liability shall apply to each and every use, now and hereafter, I make of the facilities of Serenity Salt Cave & Healing Center LLC.

I have read through the entire agreement and consent to its content. I fully understand the above disclaimer and use the facilities at Serenity Salt Cave & Healing Center LLC at my own risk.

Participant Signature: _____ Date: ____/____/____

If under 18: As a legal guardian of _____, I consent to the above conditions.

Parent/Guardian’s Signature: _____ Date: ____/____/____

Printed Name: _____