



# B.L. FITNESS

(248) 982 - 1211 • MYBLFITNESS.COM • CONTACT@MYBLFITNESS.COM

## FLEXFIT YOGA WAIVER & RELEASE FORM

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Have you ever practiced Yoga before? If so, what kind and for how long? \_\_\_\_\_

Please list any injuries, medical issues, and/or important medical history: \_\_\_\_\_

Would you like to get emails from B.L. Fitness about other Health and Fitness opportunities in your area?

(circle one) YES NO

Emergency Contact (Name and Number) \_\_\_\_\_

*I understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the instructor. I will continue to breathe smoothly. I affirm that I alone am responsible to decide whether to practice yoga and participation is at my own risk. In addition, I will make the instructor aware of any medical conditions or physical limitations before class.*

*I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law. In addition, I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against B.L.Fitness and it's Instructors.*

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

Trainer's Signature \_\_\_\_\_ Date: \_\_\_\_\_