

Graceful Flow Yoga

Breath Strength Balance Compassion



Name: _____

Telephone: _____

E-mail address: _____

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

How did you hear about Graceful Flow Yoga?

By signing my name below, I acknowledge that participation in Yoga classes exposes me to a possible risk of personal injury. I am fully aware of this risk and hereby release Graceful Flow Yoga and Grace Bowker from any and all liability, negligence, or other claims. I am physically fit to participate in Yoga classes. If I am pregnant, or become pregnant, or am post-natal, my signature verifies that I am participating in Yoga, with my doctor's full approval.

Signature _____

Date _____

Yoga is an individual experience. I understand that in Yoga, 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.