

Participation Waiver

By attending yoga class(es), I agree to release my instructor(s) and the Koster family from any liability associated with my participation in classes and/or private instruction conducted by Mary Koster. I understand that Yoga is a physical discipline that requires a certain amount of mental concentration and physical strength and endurance. I agree to work at my own pace and according to my own limitations, and I take full responsibility for my safety and well-being.

Printed Name: _____

Signature: _____

Date: _____

Voluntary Medical Information

Where do you hold tension in your body?

What types of exercise do you do?

How much exercise do you get in a typical week (hours/week)?

What is your prior experience with yoga?

Do you have any recent injuries or surgeries or chronic conditions (for example: untreated high blood pressure) that would have an impact on your ability to take an exercise class?

What would you like to get out of this class?

In case of emergency...

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

List of medications you are currently taking (used only in the event of emergency):