



10210 Burgundy Dr.  
Horace, ND 58047  
**HoraceYoga.com**  
(701) 997-2667

## *“My Tree” Friendship/Loving Kindness/Compassion*

### Yoga Waiver & Release Form

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

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

I acknowledge that yoga encompasses both physical exercises and avenues for relaxation, stress reduction, and alleviation of muscle tension. As with any physical exertion, the potential for injury, including serious or disabling harm, is ever-present and cannot be completely avoided. Should I encounter any discomfort or pain, I intend to heed my body's warnings, halt the activity, and seek guidance from the instructor, all while maintaining smooth breathing. I accept entire responsibility for any injuries or damages I may sustain through my participation.

Yoga does not serve as a replacement for professional medical care, examinations, diagnoses, or treatments. It is not advisable and may pose risks under certain health conditions. By signing, I confirm that a certified doctor has affirmed my fitness and health condition as suitable for engaging in such a physical activity. Moreover, I pledge to inform the instructor of any medical issues or physical constraints prior to class commencement. In cases of pregnancy, post-natal states, or post-surgical conditions, my signature attests to obtaining medical approval for my participation. I acknowledge my sole discretion in deciding to practice yoga and accept that all participation is at my personal risk. I hereby consent to irrevocably release and relinquish any claims presently held or that may arise in the future against Maitri Lynn Yoga and/or Tracy Lynn Blumenshine.

By reading and fully understanding this Liability Waiver Agreement, I voluntarily sign it, thereby acknowledging that my signature represents a total and unconditional discharge of all liabilities, to the maximum extent permitted by North Dakota state law.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_