

SUP Yoga Waiver Form I hereby agree to the following:

- I am participating in SUP Yoga classes, offered by Tracey Pike of True Touch Therapy, during which time I will receive information and instruction about yoga and paddling. I recognize that SUP Yoga requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
- I understand that it is my responsibility to consult with a physician prior to and regarding my participation in SUP Yoga classes. I represent and warrant that I am physically fit, and I have no medical condition which would prevent my full participation in the classes.
- In consideration of being permitted to participate in SUP yoga classes, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in classes.
- In further consideration of being permitted to participate in SUP Yoga classes, I knowingly, voluntarily and expressly waive any claim I may have against Tracey Pike or True Touch Therapy, or its owners and teachers, for any injury or damages that I may sustain as a result of participating in the classes.
- I, my heirs or legal representatives, forever release, waive, discharge and covenant negligence or other acts. I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

**Please note, all the information on this form is kept confidential.

REGISTRANT DETAILS:

Name: _____

Address: _____

City: _____ Phone: _____

Email: _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE NUMBER: _____

Have you practiced yoga before? YES/NO (Please circle) If YES, for how long?

Limitations/Injuries:

Can You Swim? _____ If you needed rescuing, can I come within 6 meters from rescuing you? YES/NO (Please circle)

Those under 18 years of age must have this form signed by a parent or guardian.

Name (Print). Signature Date

Name Parent/Guardian (Print) Signature Date
