

**MEDICAL WAIVER & RELEASE FORM**

Last Name: \_\_\_\_\_ Middle: \_\_\_\_\_ First Name: \_\_\_\_\_

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

State: \_\_\_\_\_ ZIP: Postal Code: \_\_\_\_\_

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

Would you like to be on our email list (we won't share it with a soul!)? YES NO

Best Phone Number: \_\_\_\_\_

How'd you hear about us? \_\_\_\_\_

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

Are you new to Yoga? YES NO If not, what type do you practice? \_\_\_\_\_

It is important that you **CIRCLE** all medical/health issues, which you currently experience:

Heart	Blood Sugar	Allergies	Weight	Blood Pressure	Arthritis	Migraines
Epilepsy	Diabetes	Sleep Disorder		Circulation	Joint Problems	
Back Problems: _____						
Other Medical Concerns (Please Detail): _____						

**WAIVER and RELEASE**

In consideration of my enrollment as a student of Portland Power Yoga, located at 84 Cove Street, Portland, Maine, 04101, I represent and agree to the following:

1. I have been examined by a physician within the past six months and have been found by such physician to be in good physical health and am fully able to perform all yoga exercises, which I am to learn and perform at Portland Power Yoga. In the event I have not seen a physician in the previous 6 months I represent that I am in good physical health and able to perform all yoga exercises. I will immediately disclose to Portland Power Yoga and its agents any limitation of which I become aware of while enrolled for any classes.
2. I will faithfully follow all instructions given to me as to when, where and how to perform yoga exercises, it being understood by me that my participation in yoga exercises at Portland Power Yoga shall be at my own risk.
3. I have disclosed above, on this form, any and all physical problems or conditions that my restrict or otherwise affect my activity and , except as disclosed above, I am able to undertake the yoga exercises and related activities as provided by Portland Power Yoga. I understand that all physical exercise programs have inherent risks and that, before undertaking the Portland Power Yoga exercise program, I should consult a physician as to the appropriateness of my proposed activities. I further understand that Portland Power Yoga is not a medical facility and is not equipped or staffed to advise, administer, or otherwise assist me in the implementation of a physical therapy or rehabilitation program, but that I should obtain such services through a physician or other authorized medical personnel.
4. PORTLAND POWER YOGA, ITS OFFICERS, OWNERS, EMPLOYEES, AGENTS AND SERVANTS, SHALL NOT BE LIABLE OR RESPONSIBLE FOR ANY CLAIMS, DEMANDS, INJURIES, DAMAGES, ACTIONS, OR CAUSES OF ACTION WHATSOEVER TO ME, ANY PARTICIPANT, OR ANY GUEST, OR WITH RESPECT TO ANY PROPERTY: (1) ARISING IN ANY WAY, OUT OF, OR IN CONNECTION WITH, MY PARTICIPATION IN PORTLAND POWER YOGA EXERCISE CLASSES, OR PROGRAMS, OR IN CONNECTION WITH THE USE OF THE FACILITIES OR THE PREMISES WHERE THE SAME ARE LOCATED, OR (2) CAUSED BY OR RESULTING IN WHOLE OR IN PART FROM THE ACTIONS OF ANY OTHER PERSON AND I HEREBY RELEASE AND DISCHARGE PORTLAND POWER YOGA, ITS OFFICERS, EMPLOYEES, OWNERS, AGENTS AND SERVANTS, FROM ALL LIABILITY FOR ANY SUCH CLAIMS, DEMANDS, INJURIES, ACTIONS AND CAUSES OF ACTION AS DESCRIBED ABOVE.
5. I HAVE READ THIS FORM AND FULLY UNDERSTAND ITS CONTENTS AND THAT IT CONTAINS MY VOLUNTARY AND KNOWING ASSUMPTION OF THE RISK OF INJURY, ILLNESS OR OTHER LOSS. I SIGN THIS DOCUMENT VOLUNTARILY AND OF MY OWN FREE WILL.

\_\_\_\_\_  
SIGNATURE REQUIRED

\_\_\_\_\_  
DATE

The above signed is over eighteen years of age and eligible to represent him/herself. This agreement may be signed and faxed to Portland Power Yoga and shall have the same binding effect as if the signature was an original.