



ST. PAUL'S
EPISCOPAL CHURCH

Yoga and Movement Classes Waiver and Consent Form

Join us as we move in the loving presence of God.

St. Paul's yoga and movement sessions are free and open to any adult or young adult in the community. Bring your own non-skid mat, a blanket and a pillow. Wear soft, comfortable clothes that you can move in. You will be encouraged often during each session to be patient with your joints, to work at your own pace, to seek a balance of over-doing and under-doing.

Please complete both sides of this form and turn it in to either your instructor or to the St. Paul's church office so that we can notify you by e-mail of any schedule changes, cancellations, or important updates.

Your Contact Information

First & Last Name: _____

Email: _____

St. Paul's yoga & movement classes you typically (or hope to) attend:

THIS IS A TWO-SIDED FORM. PLEASE CONTINUE ON REVERSE SIDE.

Waiver and Consent for Participating

I desire to voluntarily participate in yoga and/or movement classes offered at St. Paul's Episcopal Church. I understand that yoga and movement include physical effort as well as an opportunity for relaxation, stress reduction, quiet prayer or meditation, and relief of muscular tension. As is the case with any physical activity, the risk of injury is always present and cannot be eliminated. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in yoga/movement classes. I represent and warrant that I have no medical condition, including being pregnant, post-natal, or post-surgical, that would prevent my participation in these classes. I recognize that various suggested poses or movements should be approached in a gentle fashion. If any pose or movement brings pain or discomfort, I know to modify the pose as necessary for my physical needs or to discontinue the activity.

I assume full responsibility for any and all risks, injuries, and damages, known or unknown, which I may incur as a result of my participation.

I knowingly and voluntarily waive any claim I may have against St. Paul's Episcopal Church or the instructors of the yoga and movement classes for injury or damages that I may sustain as a result of participating in the classes.

I have read the above waiver and release of liability, fully understand its contents, and voluntarily agree to the terms and conditions stated above.

Signature of Participant (or Guardian for those under 18)

Date