

MAYA YOGA KC, INC.
215 W. 18TH STREET, #200
KANSAS CITY, MO 64108



CONSENT & RELEASE FORM
816-283-8985
INFO@MAYAYOGA.COM

Please Print Clearly

First Name Last Name

Phone Number (best contact number) Email Address

Address City State Zip

_____/_____/_____
Gender Date of Birth How did you learn of Maya Yoga?

What physical injuries or medical conditions do you have?

I am aware that Maya Yoga KC, Inc. is here to serve me by sharing knowledge of yoga and health related matters. I understand that the practice of yoga or other movement disciplines involves physical movement, which may be strenuous, and that such practice carries some risk of injury. Maya Yoga KC, Inc. recommends that you seek the advice of your physician prior to beginning classes.

I also understand that I must judge my own capabilities with respect to practicing yoga at Maya Yoga KC, Inc. I agree to take full responsibility for not exceeding my limits during classes taken at Maya Yoga KC, Inc. and, furthermore, take full responsibility for any injury incurred as a result of class participation.

I also acknowledge that it is my responsibility, prior to class, to inform the instructor of any injury or condition that might affect my ability to participate; and to inform the instructor immediately if any injury occurs during class.

I understand that frequently during classes at Maya Yoga KC, Inc. instructors make physical adjustments to class participants. If I do not want such adjustments, I will so inform the instructor at each class I attend. I also acknowledge that if I do wish to receive such adjustments, it is my responsibility to inform the instructor when an adjustment has gone as far as I desire at that time.

I hereby waive and release any claim that I or any of my heirs might have at any time for injury of any sort against Maya Yoga KC, Inc., any of it's instructors, guest teachers, substitute teachers, agents, employees, representatives or owners.

I understand that refunds and extensions of series options are not in Maya Yoga KC, Inc. policies. Any exception to this policy is solely at the discretion of Maya Yoga KC, Inc. directors.

I have carefully read and understand this release and consent form and fully understand and agree to the above.

Date: ____/____/____ Signature: _____

Under the age of 18

As legal guardian(s) of _____, we consent to the above conditions.

Date: ____/____/____ Signature: _____

Printed Name: _____