



Karen Safire Yoga & Fitness

Name _____

Email _____

Phone _____

How long have you been practicing yoga or MELT? _____

What level are you?

Beginner _____ Intermediate _____ Advanced _____

Any injuries?

- I _____, I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent my participation in this yoga/ fitness program.
- I acknowledge that I have either had a physical examination and been given my physicians permission to participate, or that I have decided to participate in activities and use any of the yoga or fitness props without the approval of my physician and so hereby assume all responsibility for my participation and activities and utilization of equipment/props in my activities.
- I fully understand that practicing yoga and/or participating in a fitness program involves a risk of injury, and a yoga or fitness program designed by Karen Safire also carries that risk. I am voluntarily participating in these activities and using yoga props and/or fitness equipment with the knowledge of the dangers involved.
- I hereby release Karen Safire from any liability for any and all injury or damage to myself now or in the future, however caused, occurring during or after my participation in the Karen Safire yoga and/or fitness program. I also release Karen Safire from any claims, demands and causes of action arising from my participation in her yoga fitness program.

I have read and understand the above.

Signature

Date