



**INTEGRATIVE ORTHOPEDIC**  
MASSAGE ~ YOGA ~ FITNESS

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Text OK?  Yes  No

Email: \_\_\_\_\_ May we add you to our email list?  Yes  No

Occupation: \_\_\_\_\_ Referred by: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

## YOGA/EXERCISE STUDENT WAIVER/RELEASE AGREEMENT

I understand that yoga and exercise include physical movements as well as an opportunity for relaxation, stress reduction and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the instructor. I will continue to breathe smoothly. I assume full responsibility for any and all damages, which may incur through participation.

Yoga and exercise are not a substitute for medical attention, examination, diagnosis or treatment. Yoga and exercise are not recommended and are not safe under certain medical conditions. By signing, I affirm that a licensed physician has verified my good health and physical condition to participate in such a fitness program. In addition, I will make the instructor aware of any medical conditions or physical limitations before class. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my physician's approval to participate. I also affirm that I alone am responsible to decide whether to practice yoga or exercise and participation is at my own risk. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Integrative Orthopedic Massage, LLC and it's instructors.

I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the State of Wisconsin.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_