

MichaelJLifePurpose

YOGA CLIENT CONSENT FORM AND LIABILITY WAIVER

Instructor Name / Business Name: _____

Client Name: _____

Session Type: (Circle one)

Private (1:1) | Group Class | Couples Session | Online Session

Session Date(s): _____

1. Acknowledgment of Risk

I understand that yoga involves physical movement, stretching, and exercise, which may carry the risk of injury. By participating in yoga sessions, I acknowledge that I am voluntarily engaging in activities that may involve physical exertion.

2. Health Declaration

I confirm that I am physically able to participate in yoga sessions. I agree to inform the instructor of any medical conditions, injuries, pregnancy, or physical limitations that may affect my participation.

If I have any concerns about my health, I understand that I should consult a qualified healthcare professional before participating in yoga sessions.

3. Personal Responsibility

I agree to listen to my body and work within my own limits during yoga sessions. I understand that I am responsible for my own physical and mental well-being and that I may stop or modify any exercise at any time.

4. Online Session Disclaimer

For online sessions, I understand that the instructor cannot see all angles of my movement and cannot provide hands-on adjustments. I agree to ensure I have a safe space to practice and accept responsibility for my environment and safety during the session.

5. Group and Couples Sessions

I understand that during group or couples sessions the instructor's attention may be shared among multiple participants, and I accept responsibility for practicing safely and within my own limits.

6. Liability Waiver

I release and hold harmless the instructor and their business from any liability, claims, demands, damages, or causes of action arising out of or related to my participation in yoga sessions, including private, group, couples, or online sessions.

7. Confidentiality and Respect

I agree to respect the privacy of other participants during group or couples sessions and not share personal information discussed within the class without consent.

8. Photography or Recording (Optional)

I consent / do not consent (circle one) to photographs or recordings being taken during sessions for educational or promotional purposes.

9. Cancellation Policy

I agree to provide at least 24 hours notice if I need to cancel or reschedule a session. Late cancellations or missed sessions will be subject to a fee.

10. Agreement

By signing below, I confirm that I have read and understood this consent form and agree to participate in yoga sessions voluntarily.

Client Signature: _____

Date: _____

Instructor Signature: _____

Date: _____