

**West End Yoga LLC
2313 W. Highland Street
Allentown, PA 18104**

I, _____ (*please print name legibly*), understand that yoga includes 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, adjust the posture and ask for support from the teacher.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Cathy Cappel, Leah Naylor, West End Yoga instructors and/or West End Yoga LLC.

Signature of participant or parent/guardian (if under 18) *Date*

Please provide the following information:

How did you hear about WE Yoga? _____

Do you have any health concerns that WE should know about? _____

Email: _____

[] I do **not** want to receive **WE NEWS** via email, which would include important information, such as **class cancellations** and **upcoming events**.