

Please answer the following questions by circling Yes or No.

1. Have you ever had whiplash or other neck issues? Yes No
2. Do you have high or low blood pressure? Yes No
3. Do you suffer from back pain or had a back injury? Yes No
4. Do you suffer from insomnia? Yes No
5. Do you suffer from diseases of the heart, lungs, kidneys, and/or liver? Yes No
6. Are you pregnant? Yes No
7. Please explain any other health concerns you feel it is imperative for your yoga teacher to know.

8. What do you hope to get out of these yoga classes?

ACKNOWLEDGEMENT AND WAIVER

I _____, declare the above information to be accurate and true. I acknowledge that Yoga is not a medical procedure, and LAUREN KELLY will not be providing a diagnosis of any medical problems or concerns that I may have. I understand that Yoga is a process of integration intended to facilitate wholeness, body-awareness and self-awareness. I also understand that I am solely responsible for my health, safety and well-being. I agree that I will inform LAUREN KELLY of any activity or movement, which I cannot safely perform, and that I will not perform any activity or movement, which I feel is likely to cause me to injure myself. I agree to hold LAUREN KELLY, the Studio or Facility, harmless from any and all responsibility for any injury which may sustain during or as a result of my Yoga sessions. I knowingly and voluntarily waive any claim I might have against LAUREN KELLY for injury or damages that I may sustain as a result of participating in this

program. I, my heirs or legal representative forever release, waive, discharge and covenant not to sue LAUREN KELLY for any injury or death caused by their negligence or other acts.

- COVID-19 : I agree to follow all necessary studio protocol to protect myself and others.

- a. I will wear a mask at all times in the building.
- b. I will maintain proper hygiene including washing my hands regularly, not touching my face, and eating and drinking outside only.
- c. I will monitor my own symptoms and stay home if I feel unwell.

I have read the above release and waiver of liability and I fully understand its contents. I fully and voluntarily agree to the above terms and conditions.

Dated: _____ Signed: _____