



Name _____

Date _____

City _____ State _____ ZIP _____

Phone (_____) _____ - _____

EMAIL: _____ Birthday: _____

Occupation: _____

Emergency contact: _____

Phone #: _____

HOW'D YOU HEAR ABOUT US (circle one): Website Yelp Google Farmers Market Flyer

Friend: _____ Other: _____

What's your Instagram? @ _____

PERMISSION & AUTHORIZATION FORM

I understand that yoga can be physically intensive and I voluntarily assume the risk inherent in my participation in sessions with Mama's Yoga House including the risk of injury, accident, death, loss, cost or damage to my person, belongings and/or property and I release and indemnify Mama's Yoga House/Lisa Paskel and it's employees and independent contractors from and against any and all such claims and liabilities. I further acknowledge that no promise or guarantee has been made regarding the results of yoga therapy, classes, and/or any wellness services offered through Mama's Yoga House. I further attest that I am in sufficient physical health, and/or that I have consulted with a physician and I am able to undertake and engage in the physical movements and exercises in sessions that I have chosen to take with Mama's Yoga House/Lisa Paskel. I assume responsibility to update Mama's Yoga House/Lisa Paskel of any changes in my medical condition that might affect my safety or participation in classes/sessions. I have read and understand the foregoing. This permission form applies to subsequent visits and consultations.

Date: _____ Signed: _____