

yoga with sarah



Colibri Revival Yoga and Retreats

Waiver of liability

CLIENT INFORMATION

Full Name:	<input type="text"/>		
Date of Birth:	<input type="text"/>	Email Address:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	State/Province:	<input type="text"/>
Zip/Postal Code:	<input type="text"/>	Country:	<input type="text"/>
Phone Number:	<input type="text"/>		

EMERGENCY CONTACT

Full Name:	<input type="text"/>
Phone Number:	<input type="text"/>

I represent and warrant that I am in good physical health and do not suffer from any medical condition(s) that would limit my participation in the classes with Colibri Revival Yoga and Retreats. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any of the yoga classes offered by Colibri Revival Yoga and Retreats. I understand the risks associated with the activities offered by Colibri Revival Yoga and Retreats and I agree to follow all instructions so that I can safely participate in yoga classes.

I acknowledge that participation in yoga classes or any other fitness exercise classes exposes me to possible risks of personal injury. I am fully aware of these risks and hereby release Colibri Revival Yoga and Retreats, and/or any other persons who may teach at Colibri Revival Yoga and Retreats from any and all liability, negligence, or other claims arising from, or in any way connected with my participation in their yoga classes and any other exercise classes offered by them. I have read the above release and waiver of liability and fully understand its content. I am legally competent to sign and voluntarily agree to the terms and conditions stated above.

Please practice mindfully and enjoy the benefits of practicing yoga with Colibri Revival Yoga and Retreats.

By signing below, I confirm that I have read, comprehended, and agree to the checklist and the lash lift procedure outlined above.

Client's Signature:

Date: