



Royal Fraser
*Certified Iyengar Yoga
Instructor*

Yoga Instruction Release Form

Please Print Clearly

Name _____

Address _____ City _____ State _____ Zip _____

Phone (H) _____ (W) _____ Email _____

Interests:

- Workshops
- Private Instruction
- Acupuncture

Injuries and/or Conditions:

1. _____
2. _____
3. _____
4. _____

Referred by:

Occupation:

I am aware that Royal Fraser (Certified Yoga Instructor) is here to serve me by sharing knowledge of yoga and health. By my participation in classes or activities with Royal Fraser, I agree to take full responsibility for not exceeding my limits in the practice of yoga. It is my responsibility to ascertain that there is no medical reason to prevent my participation. I hereby waive any claim that I might have at any time for injury of any sort against Royal Fraser or any person or entity in any way involved therewithin. I have carefully read this release, fully understand and agree to the above.

Date _____

Signature _____

If under 18 years of age:

As legal guardian of _____, we consent to the above conditions.