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**Aerial Yoga Release Form**

I am aware that a yoga program like the one that I am enrolling in at Yogafied carries with it by nature certain dangers. I understand that by initialing below, initialing page 2 and signing page 3, I assume the full risk of injury inherent in a yoga or exercise program. I further state that I am physically fit and that I hereby release and hold Yogafied, associated officers, directors, agents, subcontractors, instructors, and all other individuals in any way associated with Yogafied and/or any of the programs offered at or by Yogafied harmless from all claims of any kind whatsoever that I may now or at any time in the future have for damages or injuries arising out of my attendance and/or participation in said program, event, or activity.

If I have now or in the past been treated or diagnosed with, or am currently under medical care and/or supervision for any disorder that could put me at risk of injury or death from the type of program I will be participating in at Yogafied, whether, for example, but not by way of limitation, said disorder is high blood pressure, a heart condition, history of cardiovascular disorder, neck, shoulder, back, knee, or other medical issue, I have consulted a qualified medical professional and they have determined that I am fit to participate in the classes that I intend to participate in at Yogafied. I hereby agree to immediately inform my instructor at Yogafied of any change in my physical condition.

**Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I will discuss injuries and/or all medical Issues with my instructor. 🞏**

**Initial Here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Aerial Yoga brings unique benefits, as well as some unique risks.** In an Aerial Yoga practice you are likely to develop upper body and core strength, stretch more deeply, improve balance, re-inforce correct body alignment, find decompression and traction for the spine, as well as anti-gravity comfort. The Aerial Yoga hammock can be used as a way to increase stability and take pressure out of joints.

**It is important to listen closely to advice and cautions from the instructor.**  If you are asked to WAIT to try a pose until you have a SPOT FROM AN INSTRUCTOR, please do so. YOU MAY BE ASKED TO LEAVE IF YOU DO NOT WAIT FOR ASSISTANCE ON SOMETHING THAT THE INSTRUCTOR HAS NOT SEEN YOU DO BEFORE. Student safety is Yogafied’s #1 priority.

You may also be able to enjoy an oscillating **inversion practice** and all of its benefits to blood flow & blood pressure, as well as the calming effects. **However, there are conditions which can exclude an individual from an inversion practice (these DO NOT exclude you from an Aerial Yoga Practice).** Please check any of the following conditions that apply to you:

* Glaucoma
* Hypertension
* Uncompensated congestive heart failure
* Carotid artery stenosis
* Hiatal hernia or spinal instability
* Persons receiving anticoagulants or aspirin therapy
* Those with a family history of cerebrovascular accidents
* Those above age 55
* High or low blood pressure
* History of stroke or heart conditions of ANY KIND
* Pregnancy beyond the first trimester
* Weight over 250 lbs (does NOT exclude you from practice, just has special considerations)
* Epilepsy
* Eye problems
* Inner ear problems
* Vertigo (now or past diagnosis)

If I have checked ANY of the above boxes, by initialing below, I am agreeing that I will discuss inverting with a qualified medical professional BEFORE doing an inversion at Yogafied. I understand that I assume the full risk of injury inherent in a yoga or exercise program.

**I also understand that I CAN still participate to my level of comfort in all non-inversion Aerial Yoga practices, even if I have checked boxes above.**

**Initial Here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please continue to page 3 – read and sign)**

****Please be advised that there may be OTHER CONDITIONS that you should discuss with your doctor – this list is NOT all inclusive – it touches on the most common conditions that may exclude an individual from inverting.

Aerial Yoga Hammocks can safely hold 250 pounds each when classes are full. Individuals weighing 250 - 350 pounds may prefer Private Classes until they are comfortable with modifications and alternatives – only in Private Classes can full body weight go into the hammocks. Over 350 pounds, it is unsafe to put full body weight in the hammocks, but in Private Lessons the hammock can be used in many ways where it does not support full weight.

Photos – from time to time Yogafied may request to take in class photos to spread the word about the studio. You will always be asked whether or not you would like to be in the photo. By signing below, you give Yogafied permission to use a photo that is taken for promotion of Yogafied.

Thank you for reading this form carefully.

**By signing below, you are agreeing to all 3 pages of this release form, you are also agreeing to notify your instructor of any changes to your physical condition each time you come to Yogafied.**

**I am 18 or older 🞏, or… I am under 18 🞏**

**Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sign Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Individuals under 18 years old can participate in Aerial Yoga with a Legal Guardian present in the studio. The Legal Guardian should sign below.**

**Legal Guardian Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sign Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**