Bohemian Bliss Yoga Waiver

	First Name:	Last Name:	Yogi Name {NICKNAME}:	
	Instagram N	ame:	First Breath {DATE OF BIRTH}:	
	Facebook Na {If you DO N	ame: OT want to be tagged in pictures please check tl	nis box □}.	
	Address:			
	Email:		Cell Phone Number:	
	1. My choice	ce of daily duty {WORK} involves	bending Driving	
		Flying Repetitive Action Life	ting heavy weights sitting long periods of time	
	2. This is my(1st - 100th) time practicing yoga. I chose to practice yoga because			
 3. Please list any past or present health problems you are suffering from that may affect your mobility to exercise first answering to this question it is strongly advised you consult a medical practitioner before practicing yoga). 4. I heard about Bohemian Bliss Yoga by 			are suffering from that may affect your mobility to exercise	
			medical practitioner before practicing yoga}.	
{asanas}				
I PROMISE As a Yogi,				
I promise to follow the Yogic ETHICS and morals to the best of my ability throughout my daily life:			rals to the best of my ability throughout my daily life:	
		{Yamas} {Ahimsa} Non violence {Satya} Thoughtfulness {Asteya} Non stealing {Brahmacharya} Abstinence {Aparigraha} Non possessive	{Niyamas} {Shaucha} Purification {Samtosha} Contentment {Tapas} Asceticism {Svadhyaya} Self-Study {Ishvara Pranidhana} Devotion	
	During 30	During 30 min hike in Yoga in the Woods, Bohemian Bliss Yoga is not liable for accident, serious injury or death.		
		I promise to let my yoga practice lead me in	whichever way it is desired to be. Yoga is what I,{PRINT NAME} make it!	
		Any representation of You {SIGNATURE}	The Present Moment {DATE}	

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Emergency Contact Name

Insured by Preventative Health Services Group

Emergency Contact Number

RYT 200 yoga