Teacher___________________

By signing below, I assume all risks and hazards included in such participation in any classes at Grounded by Yoga. I waive, release and agree to hold harmless Sandra L Hicks, Grounded by Yoga LLC, Grounded by Yoga Studios & Yoga Teacher Training Center LLC, DB&T Properties and/or any teacher for any claim arising out of injury to myself. I have notified the instructor of any changes since my initial intake form.

SIGN NAME ONLY. ☺

Date	First Name	Last Name	**Class Name**	**Misc**