NEW OAKLAND FAMILY CENTERS

Ann Arbor
501 N. Maple Rd.
Ann Arbor, MI 48103

Bloomfield Hills
2520 S. Telegraph Rd.
Bloomfield Hills, MI 48302

Center Line
26522 Van Dyke Ave.
Center Line, MI 48015

Clarkston
6549 Town Center Dr.
Clarkston, MI 48346

Clinton Township
42669 Garfield Rd.
Clinton Township, MI 48038

Farmington Hills
32961 Middlebelt Rd.
Farmington Hills, MI 48334

Flint
2401 S. Linden Rd.
Flint, MI 48532

Livonia (Main)
29550 Five Mile Rd.
Livonia, MI 48154

Livonia (SUD Center)
31500 Schoolcraft Rd.
Livonia, MI 48150

Okemos
2300 Jolly Oak Rd.
Okemos, MI 48864

Pontiac
Youth and Family Care Connection
1200 N. Telegraph Rd., Bldg 32E
Pontiac, MI 48341

Port Huron
500 10th St., Suite A
Port Huron, MI 48060

Portage
8225 Moorsbridge Rd.
Portage, MI 49024

Southfield
26545 American Drive
Southfield, MI 48034

Southgate
13305 Reeck Rd.
Southgate, MI 48195

Warren
8150 Old 13 Mile Rd.
Warren, MI 48093

All telephone inquiries
800.395.3223

Yoga Waiver and Release Form

Name: _____

Age: _____ Birth date: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Email: _____

Emergency contact name: _____

Emergency contact phone: _____

I understand that yoga includes physical movements as well as an opportunity for relaxation, stress management, relief of muscular tension, and mindfulness practice. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, discontinue the activity as needed, and ask for support from the instructor. I assume full responsibility for any and all damages which may incur through participation.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. By signing, I affirm that I have consulted with a licensed physician and am in good health and physical condition to participate in such a fitness program. In addition, I will make the instructor aware of any medical conditions or physical limitations before class. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my physician's approval to participate. I also affirm that I alone am responsible to decide whether to practice yoga and participation is at my own risk. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against New Oakland Family Centers and its instructors.

I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the State of Michigan

Signature of consumer: _____ **Date:** _____

Signature of parent/ guardian of minor: _____ **Date:** _____