

Amount Paid –

Payment Method -

Student Information

Name _____ Phone _____ Cell _____ Home _____

Address _____

City, State, Zip _____ DOB _____

Email _____

Agreement of Release and Waiver of Liability

I _____ (print name) understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. I understand I will receive information and instruction; including verbal and physical adjustments about yoga and health. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. It is my responsibility to consult with a physician prior to my participation in the yoga class. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the yoga class. I am aware I may be physically adjusted. I agree to take full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I knowingly, voluntarily, and expressly waive any claim I may have against *The Yoga Center* and *H&K Yoga, LLC* for injury or damages that I may sustain as a result of participating in the program. I, my heirs, or legal representative forever release, waive, discharge and covenant not to sue *The Yoga Center* and *H&K Yoga, LLC* for any injury or death caused by my participation in the yoga class.

I have read the release and waiver of liability and fully understand its consent. I voluntarily agree to the terms and conditions stated above.

Signature of Participant

Date

If Participant is Under 18:

As legal guardian of _____, I consent to the above listed terms and conditions.

Signature: _____ Date: _____

List Any Health Concerns _____

Emergency Contact Information

Name _____

Phone _____ Relationship _____

How did you hear about us?

Online Search ___ Advertisement ___ Store Front ___ Friend ___

Name of Friend that Referred You: _____

Primary Reason for Visiting:

Fitness ___ Healing ___ Stress Reduction ___