

YOGA CLASS PARTICIPANT INTAKE FORM

NAME: _____

ADDRESS: _____

HOME # _____ WORK # _____

EMAIL _____

DATE OF BIRTH _____ FEMALE OR MALE _____ MARITAL STATUS _____

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, _____ hereby agree to the following:

1. That I am participating in Yoga classes during which I receive information and instruction about Yoga and health. I recognize that yoga requires physical exertion, which may be strenuous and may cause physical injury and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the yoga class. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in the yoga classes.
3. In consideration of being permitted to participate in the yoga classes, I agree to assume full responsibility for any risks, injuries, or damages known or unknown, which I might incur as a result of participating in the Program.
4. In further consideration of being permitted to participate in yoga classes, I knowingly, voluntarily and expressly waive any claim I may have against my yoga instructor or that I may sustain as a result of participating in the Program.
5. I, my heirs, or legal representatives forever release, waive, discharge and covenant not to sue my yoga instructor for any injury or death caused by negligence or other acts.

I have read the above release and waive liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature of participant: _____ Date: _____