



General Information, Registration and Agreement of Release and Waiver of Liability

Please Print:

Name: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

How did you find us? _____

Emergency Contact: _____

Yoga Background? _____

Medical History, relating to your ability to practice yoga (injuries, pregnancy, glaucoma, etc.):

I, _____, agree to the following:

1. I am participating in the Yoga Classes and Workshops offered by Yin Yang Yoga during which I will 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 it is my responsibility to consult with a physician prior to and regarding my participation in the Yoga Classes and Workshops. 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 or Workshops.
3. In consideration of being permitted to participate in the Yoga Classes and Workshops, 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 the Yoga Classes or Workshops, I knowingly, voluntarily and expressly waive any claim I may have against Yin Yang Yoga for injury or damages 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 Yin Yang Yoga for any injury or death caused by their negligence or other acts.

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

Date: _____ Signature of Participant: _____

If participant is less than 18 years of age, Legal Guardian of _____

Date: _____ Signature of Participant: _____

Interest Categories (check as many as apply):

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Power Yoga/Vinyasa | <input type="checkbox"/> Parent & Child (<=4) | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Restorative/Meditative | <input type="checkbox"/> Kids Yoga (5 -12) | <input type="checkbox"/> Partner |
| <input type="checkbox"/> Prenatal Yoga | <input type="checkbox"/> Teen Yoga (13 - 17) | <input type="checkbox"/> Other: _____ |