



The Yoga Studio

New Student Information

Amount Paid -
Payment Method -

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 reduction 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, loss, claim, injury, damage or liability, 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 agree to accept full responsibility and assume the risk for my use of or participation in any and all classes, activities, apparatus, appliance, facility privilege or service, of any nature, which is owned or operated by The Yoga Studio, LLC. While engaging in any class or activity operated, organized, arranged or sponsored by The Yoga Studio, LLC, either on or off their premises, I shall do so at my own risk, and hold The Yoga Studio, LLC, its employees, representatives and agents, forever harmless from any and all loss, claim, injury, damage, or liability sustained or incurred by me. I specifically agree to indemnify and hold harmless The Yoga Studio, LLC as to any loss, cost, claim, injury, damage or liability, sustained or incurred by participating in the classes, or through my use of the facilities or equipment of The Yoga Studio, LLC which is caused by an act or omission, whether negligent, intentional or otherwise, of an employee, representative, or agent of The Yoga Studio, LLC.

I, my heirs, or legal representative forever release waive, discharge and covenant not to sue The Yoga Studio, LLC for any injury or death caused by my participation in the yoga class My signature below constitutes my full acceptance of this waiver.

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 (must be at least 16 years of age):

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

Signature: _____ Date: _____

Emergency Contact Information

Name _____

Phone _____ Relationship _____

How did you hear about us? Online Search ___ Yelp ___ Advertisement ___ Store Front ___
Facebook ___ InCycle ___ Carmel Chamber of Commerce ___ City Center Resident ___ Friend ___

Name of Friend that Referred You: _____