



# Registration and Release Form

First Name		MI
Last Name		
Street Address 1		
Street Address 2		
City	State	Zip
Email		
Email (cont.)		Date of Birth (MM/DD/YY)
Primary Phone	Alternate Phone	
How did you hear about us?		
Name of Emergency Contact:		
Relationship	Phone	

I hereby agree to the following terms and conditions:

1. I am participating in yoga classes 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 that it is my responsibility to consult with a physician prior to and regarding my participation in yoga classes. I represent and warrant that I am physically fit and have no medical condition that would prevent my participation in 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 and 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, I knowingly, voluntarily, and expressly waive any claim I may have against the instructor, the owner, or the leaseholder of the building for injuries or damages that I may sustain as a result of participating in classes or workshops held by Yoga Nirvana LLC.

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.

Today's date:
Signature of participant: