



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/workshops/programs 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, my signature below confirms that I assume full responsibility for any risks, injuries or damages, known and unknown, which I might incur as a result of participating in a class, workshop or 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.

Important Additional Information RE Health and Safety protocol studio compliance requirements due to COVID-19:

In addition to the above, I understand that Yoga Nirvana Studio, LLC, is reopening their physical studio in compliance with [AZDHS guidelines](#), which require all entering the physical studio space comply with specific masking, distancing and other requirements until further notice. By signing below, I confirm that I understand and accept that I have a role to play in supporting community health and welfare during a pandemic, and that my failure to voluntarily comply with required protocols onsite may result in my being asked to leave and to forfeit prepaid fees for the class/event.

I have read and fully understood the health and safety protocols announcement. I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to all terms and conditions stated above.

Today's date:
Participant's Signature: