

Sign In and Liability Release Form 1 SECTION I: PERSONAL INFORMATION (*required) *

Name: _____

*Address: _____

Cell#: _____ *Email: _____

*Emergency Contact Name: _____ *Emergency Contact Phone: _____

Have you practiced yoga before? YES/NO (Please circle)

Please list any injuries, medical issues, and/or important medical history which may limit your participation in yoga classes:

SECTION III: AGREEMENT

1. I understand that yoga includes physical movements as well as an opportunity for relaxation and stress relief. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. I understand that there is a possibility of injury and I am fully aware of and willingly assume the risk and hazards involved.

2. If I am pregnant, become pregnant or I am post-natal or post-surgical or have any medical issues, conditions, limitations or any injuries my signature verifies that I have sought and obtained my physician's approval to participate. I warrant that I have disclosed all my medical conditions where indicated on this form and that the instructor reserves the right to deny me participation because of any or all of these conditions. I also affirm that I am capable of deciding whether to practice yoga and acknowledge that my participation is at my own risk.

3. I am aware that my participation in the Activities could result in high blood pressure, fainting, heartbeat disorders, physical injury, heart attack or stroke and may aggravate pre-existing injuries. I understand that I could experience muscle, back, neck and other injuries as a result of my participation in the Activities. I understand my physical limitations and I am sufficiently self-aware to stop or modify my participation in any Activity before I become injured or aggravate a preexisting injury. In consideration of being permitted to participate in the Activities, 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 Activities at the Studio.

4. I understand that yoga is not a substitute for medical attention, examination, diagnosis or treatment. I understand that there is no obligation for any person to provide me with medical care at the GY Studio.

I understand and acknowledge that:

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a. there may be no aid stations available at the studio.

b. if medical care is rendered to me, I consent to that care. In the event medical treatment is provided to me, I hereby waive any claim against GY Studio any sponsor, transferee or licensee, their officers, employees, subcontractors and/or agents for any injury, damages or death caused by the negligent provision of such medical care.

5. I hereby for myself, my heirs, executors and administrators forever irrevocably WAIVE AND RELEASE GY Studio, its owners, officers, employees, shareholders, directors and instructors from any claim, demand, cause of action of any kind I may have now or in the future resulting from or related to my participation in the classes, workshops and programs offered at the studio.

6. I give my consent to receive electronic communications from GY Studio regarding upcoming workshops, trainings, announcements, invitations, events, promotions. I grant my permission to the GY STUDIO (and any sponsor, transferee or licensee), to utilize any photographs, OR, recordings of me for promotional and commercial use for an unlimited period of time. I understand and agree that I will not be compensated or receive additional consideration for consenting to the use of my Likeness and that I will not be given a chance to receive, inspect or approve the promotional or marketing material, messages and/or content that may use my Likeness.

POLICIES

1. All passes are NON-REFUNDABLE and NON-TRANSFERABLE.
2. All payments /deposits for workshops and trainings are NON-REFUNDABLE and NONTRANSFERABLE.
3. All passes EXPIRE within 30 days of purchase
4. The scheduling and content of activities may be changed on occasion.
5. GY Studio will not be held responsible for any personal belongings left at the Studio or are lost or stolen. I have read the above release and waiver of liability and fully understand its content. I am legally competent to sign and voluntarily agree to the terms and conditions stated above.

Print name: _____ Signature: _____
_____ Date Signed: ____/____/____

If participant is under 18: As Parent or Legal Guardian of _____. I consent to the above terms and conditions. Print name: _____
Signature: _____ Date Signed: ____/____/____