



Melissa Deanne Yoga

NEW STUDENT INFORMATION

Name: _____ Phone: _____

Address: _____

DOB: _____ Email: _____

Would you like to receive important e-mail updates about events & workshops? YES _____ NO _____

Medical History: (Please list all injuries, surgeries, or medical restrictions)

How long have you been practicing yoga? 1st time _____ <6mo _____ 6mo-1yr _____ >1yr _____

Emergency Contact Information

Name: _____ Phone: _____

Relationship: _____

Agreement of Release and Waiver of Liability:

I _____ 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. 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. 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 Melissa Deanne Yoga. While engaging in any class or activity operated, organized, arranged or sponsored by Melissa Deanne Yoga, either on or off their premises, I shall do so at my own risk, and hold Melissa Deanne Yoga, 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 Melissa Deanne Yoga 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 Melissa Deanne Yoga, which is caused by an act or omission, whether negligent, intentional or otherwise, of an employee, representative, or agent of Melissa Deanne Yoga. I, my heirs, or legal representative forever release waive, discharge and covenant not to sue Melissa Deanne Yoga 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 Under18: As legal guardian of _____, I consent to the above listed terms and conditions.

Signature: _____ Date: _____