

New Student Information and Liability Waiver

Today's Date: _____

Name: _____

Mailing Address: _____

Email Address: _____

Emergency Contact (name, relationship and phone number): _____

How did you hear about us: _____

Are you new to yoga, do you have any questions or concerns? _____

Please list any recent surgeries (including eyes) or injuries, health conditions, pregnancy, etc. which could effect your participation in physical activity _____

Please be aware that each time you participate in a class, it is your responsibility to inform the instructor of any physical limitations before class begins. It is also your responsibility to follow instructions, including instructions regarding the use of props and any suggested modifications.

I understand that there is an inherent risk associated with any exercise program, including my voluntary participation in yoga, which may result in injury. I confirm that I have either obtained my doctor's approval to participate in an exercise program or I have decided to participate in an exercise program voluntarily and without the approval of my doctor and therefore assume all responsibility for my participation in any exercise, activity or yoga associated with Sunlight of the Spirit Yoga Studio. I confirm that I have disclosed any medical conditions on this form and know of no other illness, impairment or condition with the potential to increase any risks associated with any exercise program.

I hereby waive and release Sunlight of the Spirit Yoga LLC, its owners, officers, employees, and instructors from any claim, demand, cause of action of any kind resulting from or related to my participation in the programs offered at the facility. In taking part in the yoga classes, workshops, or other activities at Sunlight of the Spirit Yoga Studio, I understand and acknowledge that I am fully responsible for any and all risks, injuries, or damages, known or unknown, which might occur as a result of my participation in the classes, workshops, or other activities. 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: _____

*If participant is under 18:
As Parent or Legal Guardian of _____, I consent to the above terms and conditions.*