



TheYogaShop

Profile Waiver

first name _____ last _____

How can we reach you?

email _____

cell _____ - _____ - _____ home _____ - _____ - _____

where do you live?

street _____

town _____ state _____ zip _____

For our information:

How did you hear about us? _____

When is your birthday? ____/____/____ Age: _____

Just in case!

emergency name _____ # _____

Waiver and Release Form

I _____, hereby agree to the following:

1. I am participating in the health and fitness classes, programs or workshops offered by The Yoga Shop, llc, during which I will receive information and instruction in exercise, health and fitness. I recognize that fitness programs require 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 exercise, health and fitness programs or workshops. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the exercise classes, programs or workshops.
 3. In consideration of being permitted to participate in any and all activities held at or through The Yoga Shop, llc, 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 programs.
 4. In further consideration of being permitted to participate in the classes, programs or workshops, I knowingly, voluntarily and expressly waive any claim I may have against The Yog Shop, llc, or any instructor/trainer for any injury or damages that I may sustain as a result of participating in the programs.
 5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue The Yoga Shop llc and or any other instructor/trainer for any injury or death caused by their negligence or other acts.
- I have read the above and release and waiver or liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature: _____ Date: _____

If under 18:

Parent/Legal Guardian Signature: _____ Date: _____

staff only

Entered into our System _____ By _____ Date _____