

Yoga Journey,
LLC
Class
Registration

Name

Address

City/State/Zip:

Date of Birth:

Have you taken a Yoga class prior to this?

Yes?

No?

If so, please list when you took your last class:

How did you hear of this Yoga class?

If referred by someone, please list their name, if you so choose:

Do you have any medical conditions that I should be made aware of? If so, please list:

(Please note, it is always advisable to consult a physician before undertaking any exercise program, especially if you are under physicians care.)

Whom do you wish to list as your emergency contact:

(Name, relationship, phone numbers)

There may be circumstances where I may need to get in touch with you regarding Yoga class. List two phone numbers where you can be reached:

1:

2:

Please list it so that I may contact you regarding any changes to the current Yoga class schedule or "future" Yoga classes:

Email Address:

Thank You for taking the first step in YOUR Yoga Journey ...with me!

Release of Claims

In consideration of the acceptance of my application for entry in a Yoga class, I hereby waive, release, and discharge any and all claims which I may have, or which may subsequently accrue to me, as a result of my participation in the Yoga class.

This release is intended to discharge Sherry Schutt from and against any and all liability arising out of or connected in any way directly and indirectly with my participation in the Yoga class, even though that liability may arise out of the negligence or carelessness on the part of Sherry Schutt.

I further understand that accidents and injury occasionally occur during participation in Yoga classes. Knowing the risks of participation in Yoga classes, nevertheless, I hereby agree to assume those risks and release and hold harmless Sherry Schutt who (through negligence or carelessness) might otherwise be liable to me or my heirs or assigns for damages.

It is further understood that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

I have read the above waiver, release and assumption of risk and fully understand its contents.

I voluntarily agree to the terms and conditions set forth herein above.

Signature of Participant

Signature of Parent or Guardian (If Participant is under the age of 18)

DATED this _____ day of _____, _____.