

# Mel-O-Yoga, LLC

## UPDATED Client Information Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Class Time: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Emergency Contact & Phone # \_\_\_\_\_

Injuries/Area(s) of Concern/Surgeries/Are you pregnant? \_\_\_\_\_

\_\_\_\_\_

How did you hear about Mel-O-Yoga? \_\_\_\_\_

What is your Yoga background and how long? \_\_\_\_\_

What would you like to receive from your Yoga practice? \_\_\_\_\_

**OVER-----** 

# Mel-O-Yoga, LLC

## Waiver and Release Form

I understand that practicing Yoga includes physical activity and as is the case with any kind of physical activity, the risk of injury, even disability, is always present and cannot be entirely eliminated. If I experience any pain or discomfort in any Yoga class activities, I will request assistance from my instructor(s). I assume full responsibility for any and all injuries which may occur as a result of my participation in these classes.

I understand that it is my responsibility to consult with a physician regarding my participating in said classes. In addition, I will inform my instructor(s) of any medical or physical limitations that I may have prior to participating in any classes.

**I understand that Mel-O-Yoga, LLC is a public facility in which airborne viruses may be present. I agree that I will not hold Mel-O-Yoga, LLC liable for any illness which may be contracted by visiting this public facility and being in proximity with others, or for any allergic reactions to remnants of cleaner used at the studio.**

I also agree that I alone am responsible to decide whether to practice Yoga or not, and participation will be entirely at my own risk.

I hereby grant Mel-O-Yoga, LLC permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

I hereby agree to irrevocably release and waive any claims that I have now, or may have hereafter, against Mel-O-Yoga, LLC and/or its instructors. I voluntarily and expressly waive any claim I may have against the instructor(s) and the owner or leaseholder of the building or site where said classes will be held for any injuries or damages resulting from my participation in said classes.

**In order to participate in GOAT YOGA classes, you must additionally agree to the following terms and conditions:**

This agreement releases Mel-O-Yoga, LLC and all those related to Goat Yoga from all liability relating to injuries that may occur during Goat Yoga. I agree to hold Mel-O-Yoga, LLC and all those associated entirely free from any liability, including financial responsibility for injuries incurred.

**I have read the above waiver and release form and fully understand its content.** I agree to the terms and conditions stated herein. In signing this agreement, I understand that my signature serves as a complete and unconditional release of all liability allowed by law in the state of South Carolina. I affirm that I am at least 18 years of age, or if I am under 18 years of age, I have obtained the required consent of my parent/guardian as evidenced by their signature below.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
If Client is under 18 years of age, Signature of Parent or Guardian

\_\_\_\_\_  
Date

**OVER-----** 