



STUDENT INFORMATION: PLEASE PRINT LEGIBLY.

Date _____

Name _____

Mailing Address _____

Phone _____

Email _____

Date of Birth _____

Sex _____

Emergency Contact (Name, relationship & phone) _____

Yoga History (If new to yoga, what are your expectations, interests or questions? If you practice, please share how long & what style[s] of yoga.)

WAIVER OF LIABILITY AND DISCLOSURE FORM: PLEASE READ, INITIAL AND SIGN.

1. Participation in yoga class includes, but is not limited to, participation in meditation techniques, yogic breathing techniques, and performing various yoga postures. Yoga postures are designed to exercise every part of the body—stretching and toning the muscles and joints, the spine and the entire skeletal system. They also work on the internal organs, glands and nerves. Yoga incorporates sustained stretching to strengthen muscles and increase flexibility. Yoga is an individual experience. I will progress at my own pace, and if I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. If at any point I feel overexertion or fatigue, I will respect my body's limitations and I will rest before continuing yoga practice. I understand there is an inherent risk associated with any exercise program including my voluntary participation in yoga that may result in injury. I understand and am aware that the components of exercise/yoga are potentially hazardous activities and may cause injury. (____)

2. I acknowledge that I have either 1.) had a physical examination and/or have been given permission from my physician to participate in a exercise/yoga program or 2.) that I have decided to participate in an exercise/yoga

program voluntarily and without the approval of my physician and do hereby assume all responsibility for my participation in any exercise/yoga program or activity associated with Sabrina Ewell and Serene Radiance Yoga. (____)

3. I certify that I am physically well and suffering from no medical problems, conditions, impairments, diseases, or any other illness that would prevent my full participation or increase my risk of injury and/or illness as a result of partaking in any exercise/yoga program or other activities or workshops. (____)

4. I, my heirs, or legal representatives, do hereby forever waive and release Sabrina Ewell and Serene Radiance Yoga, its members, teachers, agents and employees from any and all liability and responsibility from injury, accident, illness, legal and medical fees sustained now or in the future resulting from my participation in any exercise/yoga activity, workshops or use of any equipment. (____)

5. I understand that Sabrina Ewell and Serene Radiance Yoga are in no way responsible for the loss or damage of my belongings while I attend any programs, classes or workshops. (____)

6. General photographs and/or videos may be taken during the exercise/yoga program. I grant my permission to Sabrina Ewell and Serene Radiance Yoga, to utilize any photographs or videotapes taken of me or my "likeness" during the exercise/yoga program which may depict, record or refer to me or my "likeness" for business purposes such as advertisement and education. (____)

7. I acknowledge that I have read this waiver of liability form. I fully understand its terms and conditions, and understand that I am waiving and giving up my right to take legal action against Sabrina Ewell and Serene Radiance Yoga, its teachers, members, agents and employees. I acknowledge that I am signing this agreement voluntarily, and intend by my signature for this to be a complete and unconditional release of liability to the greatest extent allowable by law.

Signature _____ Date _____

IF PARTICIPANT IS UNDER 18:

As legal guardian of _____, I consent to the above terms and conditions.

Signature of Parent/Guardian _____ Date _____