



**Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency Contact - Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Where did you hear about us?** Google/Website/Facebook/Friend/Other - \_\_\_\_\_

**Health Information:**

Age: \_\_\_\_\_

Please list any health-related conditions that you have (or have had in the past):

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**Yoga Experience:**

Have you done yoga before? If so, for how long and where / what kind?

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**AGREEMENT OF RELEASE AND WAIVER OF LIABILITY**

I, \_\_\_\_\_, hereby agree to the following:

1. That during my participation of all yoga classes (current and future) conducted by Green Tree Holistic Health, Denise Bullen or any of its instructors, I recognize that yoga requires 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 yoga classes. I represent and warrant that I am physically fit and have no such medical condition that would prevent my full participation in the yoga class.
3. In further consideration of being permitted to participate in the yoga classes, health programs, or workshops, I knowingly, voluntarily and expressly waive any claim I may have against the Instructor(s) or the owner or leaseholder of the building for injuries or damages that I may sustain as a result of participating in classes or workshops held by Green Tree Holistic Health.
4. I, my heirs, or legal representative of such forever release, waive, discharge and covenant not to sue Green Tree Holistic Health, Denise Bullen any of its instructors, or the leaseholder or owner of the building for any injury or death caused by their negligence or other acts.
5. Green Tree Holistic Health reserves the rights for any group photos or video recording within its classes for quality and advertising purpose on website or other media.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above which are applicable every time I attend Green Tree Holistic Health, Denise Bullen' and her instructors classes.

**Date:** \_\_\_\_\_ **Signature of Participant:** \_\_\_\_\_

If participant age below 18: As legal guardian of this participant, I consent to the above terms and conditions. Signature of parent/guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_