



## Welcome! **Dental Hygienists of the Valley**

Thank you for attending this fundraiser and educational opportunity on how to prolong the life of your careers. I'm so happy you're here.

- Full Name\*
- Telephone
- Email\*
- Have you practiced yoga before? If so, for how long/what style/ any additional info...
- If you would like to stay updated with events around the valley, please let me know
- Would you like to sign up for the monthly Newsletter?

## LIABILITY/STUDENT WAIVER AGREEMENT

- I declare I am medically fit and healthy to participant in yoga and will verbally disclose any injuries I have
- I hereby agree to the following

That I am participating in the Yoga classes from Selina Harris during which I will receive information and instruction about yoga. I recognize that the above requires physical exertion, which although gentle, may be strenuous and could cause physical injury, and I am fully aware of the risks and hazards involved.

I agree to participate at my own risk and to listen to my body, stopping or modifying any practice as needed.

I understand that it is my responsibility to consult a physician prior to and regarding my participation in the yoga classes. I represent and warrant that I am physically fit and I have no medical condition, which would prevent my full participation in these yoga classes.

I voluntarily release and waive any claims against Selina Harris for injury, loss, or damage arising from my participation in yoga classes or related activities.

By booking or attending a class, I confirm that I have read and agree to this waiver.

- Signature
- Date

**Sentient Yoga**

with Selina Harris

