

LOTUS YOGA & PFLAG OF JACKSONVILLE YAC YOGA REGISTRATION

Name: _____
Phone: _____
DOB: _____
Address: _____
Email: _____
Emergency Contacts: _____
Is this your first time attending a Yoga Class? _____
If not, how long have you been practicing Yoga? _____
Do you have any health concerns or physical injuries? _____
Do you have any allergies or lotion sensitivities? _____

LEGAL DISCLAIMER AND RELEASE OF LIABILITY: I understand that I or my dependent, will be engaging in physical activities that may involve risk of injury. I acknowledge that is my obligation to consult with my physician with regard to any past or present injury, medical condition, illness or health concern before participating in a yoga practice for myself or my dependent. I further understand that I am or my dependent will be practicing yoga at our own risk and agree to practice at our own paces and to skip poses, exercises and/or any activity suggested by any instructor as necessary for our bodies. I and/or my dependent assume all risks associated with the practice of yoga and accept full personal responsibility for any personal injuries I or my dependent may sustain as a result of my participation in classes, yoga practice or any activity offered at Lotus Yoga. I will not hold the instructors, Lotus Yoga, PFLAG of Jacksonville, or the Youth Advisory Council responsible for any Injury I may sustain, and hereby discharge and hold harmless Lotus Yoga, its owners, directors, members, employees, agents, PFLAG OF JACKSONVILLE and its board members or affiliates and those independently contracted by all from any claim, cause or action or liability for damages arising from any personal injury I may sustain as a result of my participation in classes at or in conjunction with Lotus Yoga. I give permission to act on my behalf to seek immediate medical attention where necessary and am aware that I assume all financial responsibility should medical or emergency medical attention be received. I further understand that I am responsible for my personal property and that Lotus Yoga, its owners, directors, members, employees, agents, PFLAG OF JACKSONVILLE and its board members or affiliates and those independently contracted by all is not responsible for any personal items lost, stolen or damaged.

I give permission to use photographs of myself or my child for any PFLAG of Jacksonville or PFLAG Youth Advisory Council promotion material. I understand that myself and my child will NOT be identified by name nor will any compensation or other such consideration be given for photographs.

Participant Name: _____
Parent or Legal Guardian: _____
Signature of Participant or Legal Guardian: _____
Date: _____