



SOUL PRACTICE YOGA

201-618-5779

SoulPracticeYoga.com

SoulPracticeYoga@gmail.com

REGISTRATION FORM - RELEASE & WAIVER of LIABILITY for Yoga Classes & YTT

Date: _____

Name: _____

Birth Date: _____

Your email and phone number are private and will not be given out. It will be used to keep you informed of schedule changes and cancellations.

Phone Number: _____

Email: _____

Address: _____

Occupation: _____ Emergency Contact #: _____

Any Medical Conditions or Injuries? _____

Allergies: _____ Previous Yoga Experience _____

How Did You Hear About Soul Practice Yoga? _____

Please read carefully and sign below:

I, _____, hereby agree to the following:

That I, _____, am participating in a class during which I will receive information and instruction about Yoga. I recognize that this may require some physical exertion, which may be strenuous and may cause physical injury. I am fully aware of the risks involved.

I understand that it is my responsibility to consult with a physician prior to participating in Yoga. I represent and warrant that I am physically fit and have no medical conditions which would prevent my participation.

I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which I may incur as a result of this participation.

I knowingly, voluntarily, and expressly waive any claim I have against Soul Practice Yoga or its instructor or staff for any injury or damages that may be sustained as a result of participating in this Yoga practice.

I, my heirs or legal representatives, forever release, waive, discharge, and covenant negligence or other acts.

Any photos taken during Yoga Classes, Workshops and/or Yoga Teacher Training can be used by Soul Practice Yoga.

I confirm that I have read and understand all the terms in this document. That I am at least 18 years of age- (parental signature required for minors) and that this waiver and release is binding upon me, my heirs, and personal representatives.

Student signature: _____

Date: _____

Witness (if needed): _____