

NORTHWEST COMMUNITY YOGA

Class Registration/Waiver of Liability

Name: _____ Birthday: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone: _____
Email: _____ *(for schedule updates & class cancellations only)*
How did you hear about NW CommunityYoga? _____
Have you taken a yoga class before? _____
I, _____, hereby agree to the following:

1. That I am participating in yoga, dance or movement classes offered by NW Community Yoga Center or using the Studio for my own movement practice. I recognize that any physical exertion may be strenuous and may cause injury, and I am full aware of the risks and hazards involved.
2. I understand that is my responsibility to consult with a physician prior to and regarding my participation in these classes or other movement practice. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in these classes. If I have any existing medical condition, it is explained below.
3. In consideration of being permitted to participate in these classes or use the studio for my own movement practice, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participation in these activities.
4. In further consideration of being permitted to participate in these classes or use the studio for my own movement practice, I knowingly, voluntarily and expressly waive any claim I may have against the NW Community Yoga Center for injury or damages that I may sustain as a result of participating in these activities.
5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue the NW Community Yoga Center, Studio Owner, and NW Community Yoga Center agents for any injury or death caused by their negligence or other acts.

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.

Signature of Participant: _____ Date: _____

Health restrictions: _____

Do you have any history or current problems with high blood pressure, heart disease, diabetes, dizziness, back or knee problems, or other injuries or surgeries?

Medications: _____

Are you pregnant? Yes No N/A

Please let us know if there are any changes in your health.