



REGISTRATION FORM

Name _____ Today's Date _____

Address _____

Street

City, State

Zip

Email _____

(used to receive announcements and updates – email addresses are strictly confidential)

Phone _____ (home)

_____ (work)

_____ (cell)

Female Male Birthday: _____

(We do not discriminate on the basis of sex or age.)

How did you find out about White River Yoga? _____

Please describe your past yoga experience and present practice, if any _____

Describe your present state of health: _____

Please list any physical or mental conditions that your instructor should be made aware of. (Use back of page if necessary.)

Emergency Contact: _____

Relationship: _____ Phone: _____

Agreement of Release and Waiver of Liability

I, _____ hereby agree to the following:

I am participating in the yoga classes, health programs or workshops offered by White River Yoga during which I will receive information and instruction about yoga and health. 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.

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

In consideration of being permitted to participate in the yoga classes, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of participating in the program.

In further consideration of being permitted to participate in the yoga classes, I knowingly, voluntarily and expressly waive any claim I may have against White River Yoga for injury or damages that I may sustain as a result of participating in the program.

I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue White River Yoga 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 listed above.

Date

Signature of Participant

Guardian's signature if under 18