



**CLIENT INFORMATION**

**First & Last Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_  
**Email address** \_\_\_\_\_ **Age** \_\_\_\_\_ **Date of Birth** Month / Day / Year  
(So we can let you know about special offers and events.) (Your Birthday = Free Yoga!)  
**City** \_\_\_\_\_ **Emergency Name & Phone #** \_\_\_\_\_

**HEALTH INFORMATION**

Please describe any health-related condition that you have (or have had) that could affect your yoga practice.

\_\_\_\_\_  
\_\_\_\_\_

**AGREEMENT OF RELEASE AND WAIVER OF LIABILITY**

I, **(print your name)** \_\_\_\_\_, hereby agree to the following:

1. That I am participating in this yoga class during which I will receive information and instruction about yoga practice. 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.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in this yoga class. I represent and warrant that I am physically fit and have no medical condition that would prevent my full participation in the yoga class (except as listed above).
3. In consideration of being permitted to participate in the yoga class, I agree to assume full responsibility for any risks, injuries, damage known or unknown, which I might incur as a result of participating in the program.
4. In further consideration of being permitted to participate in the yoga classes, health programs, or workshops, I knowingly, voluntarily and expressly waive any claim I may have against the instructor for injuries or damages that I may sustain, through oral and written information, or as a result of participating in classes and workshops.
5. I understand that I am responsible for bringing my own yoga equipment to classes, but I am permitted to use the equipment provided at my own risk.
6. I, my heirs, or legal representative of such forever release, waive, discharge and covenant not to sue Alberta LTD 1681247 operating as Yogadown, Jerusha Francisco or any sub-contract instructors for any injury or death caused by their negligence or other acts.
7. **I, AGREE / DISAGREE (CIRCLE ONE) to give Alberta LTD 1681247 operating as Yogadown, Jerusha Francisco or any sub-contract instructors permission to use photographs or video of myself or my child for any promotional materials. I understand that my child or myself will not be identified by name, nor will any compensation be extended for such use.**

I CONFIRM I HAVE READ & UNDERSTAND ALL OF THE ABOVE CONTENTS IN FULL & IN ITS ENTIRETY.

**Date:** \_\_\_\_\_ **Participant signature:** \_\_\_\_\_

<b>Below MUST be signed If the participant is 17 years of age or younger:</b>	
As a legal guardian of _____, I consent to the above conditions and terms.	
<b>Signature of Parent/Guardian:</b> _____	<b>Parent/Guardian direct phone #</b> _____

**Yogadown Rep Signature:** \_\_\_\_\_