



New Student Registration Form

Name _____ Last _____

Address _____ Apt# _____

City _____ State _____ Zip _____

Phone _____ Email _____

Emergency Contact/relationship _____ Phone _____

Do you practice yoga _____ what style _____

List physical condition(s) that may interfere with your practice _____

How did you hear about us _____

Agreement of Release and Waiver of Liability

I, hereby agree to the following:

1. That I am participating in the Yoga Classes, Workshops, and Health Programs offered by I Am Yoga LLC, hereby IAY, during which I will receive information and instruction about yoga and health. I recognize that yoga, as any other physical activity, may require some physical exertion, which 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 Yoga Classes, Workshops, and Health Programs. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the Yoga Classes, Workshops, and Health Programs.
3. In consideration of being permitted to participate in the Yoga Classes, Workshops, and Health Programs, 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. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from my Teacher.
4. In further consideration of being permitted to participate in the Yoga Classes, Workshops, and Health Programs, I knowingly, voluntarily and expressly waive any claim I may have against IAY, and class/workshop Sponsor, for any injury or damages that I may sustain as a result of participating in the program.
5. I, my heirs or legal representatives, forever release, waive, discharge and covenant negligence or other acts. I have read the above release and waiver of liability and fully understand its contents as well as the Refund/Cancellation and Make-up Class Policies. I voluntarily agree to the terms and conditions stated above.

STUDENT'S SIGNATURE:

DATE: / /