

Radiance Yoga and Therapeutic Exercise Center

Name: _____

(Please Print)

Home/Cell/Work Phone: (____) _____ Birth Date: ____/____/____

(Please Circle)

Address: _____ City: _____ St: _____ Zip: _____

E-MAIL ADDRESS: _____ Profession: _____

Emergency Contact-

Name: _____ Phone Number: _____

(ONLY YOGA RELATED MATERIAL)

Any physical disabilities or medical conditions? (surgery, illness, injuries, medications, hi/low blood pressure). _____

Do You Exercise Frequently? If So, Describe the Type & Frequency. _____

Have You Ever Participated In A Yoga Class? Please Describe. _____

How Did You Hear Of Radiance Yoga & Therapeutic Exercise Center? _____

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, _____, hereby agree to the following:

1. That I am participating in the Yoga Classes, Health Programs or Workshops offered by Radiance Yoga & Therapeutic Exercise Center 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 represent and warrant that there is no medical reason to prevent my participation in Yoga Classes, Health Programs or Workshop and 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 the program. In further consideration of being permitted to participate in the Yoga Classes, Health Programs and Workshops, I knowingly, voluntarily and expressly waive any claim I may have against Radiance Yoga & Therapeutic Exercise Center, its leaseholder, instructors, or any person or entity in any way involved therewith.
2. I understand that in the Yoga Classes, Health Programs, Workshops or any related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by Radiance Yoga & Therapeutic Exercise Center. The release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

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.

DATE

SIGNATURE OF PARTICIPANT

If participant is under 18:

AS LEGAL GUARDIAN OF _____, I CONSENT TO THE ABOVE
TERMS AND CONDITIONS.

DATE

SIGNATURE OF PARENT/GUARDIAN OF PARTICIPANT

WITNESSED BY: _____