



New Student Information Agreement of Release & Waiver of Liability

Name _____ Birthday _____ / _____ / _____
Month day

Phone _____ Can we notify you via text? Y N

Email _____

Emergency Contact Name & Phone _____

Do you have any injuries or illnesses we should know about?

What is your yoga background & how long? _____

AGREEMENT OF RELEASE & WAIVER OF LIABILITY

I, _____ hereby agree to the following:
I am aware that participation in any programs of exercise, yoga & workshops may result in accident or injury & I assume the risk connected with the participation of exercise programs, yoga & workshops.

I understand that it is my responsibility to consult with a physician prior to & regarding my participation in yoga classes, exercise programs or workshops.

I acknowledge that Chapin Yoga Center has not & will not render any medical services including medical diagnosis of my physical condition.

I am in good health & suffer from no medical condition which would limit my use of Chapin Yoga Center's facilities or prevent my full participation in yoga classes, exercise programs or workshops.

I specifically agree that Chapin Yoga Center, its officers, employees & agents shall not be liable for any claim, demand, cause of action of any kind whatsoever for, or an account of death, personal injury, property damage or loss of any kind resulting from or related to my use of the facilities of participation in any sport, exercise or activity with or without the building premises & I agree to hold Chapin Yoga Center harmless from the same.

If I purchase a class pass, I understand that it expires 2 or 3 months after purchase date depending on pass purchased & that the class pass is nonrefundable.

I have read the above release & waiver of liability & fully understand its contents. I voluntarily agree to the terms & conditions listed above.

Signature of Participant _____ Date _____

Witnessed by _____ Date _____

Guardian's Signature if under 18 _____