

Please mention in detail any other health or medical condition that you believe may be helpful for your instructor to be aware of.

Please use this space to inform your instructor of any questions you may have relative to your full participation in this session.

Waiver of Liability And Assumption of Risk

The undersigned student (or the parent or legal guardian of the student, if the student is under 18 years of age) acknowledges that the practice of yoga, and the use of Yoga Yoga's facilities and services involves an inherent risk, and hereby assumes all risks incident to such activity. By registering to practice yoga at Yoga Yoga, the student (or parent or legal guardian) represents that they are in adequate physical condition to practice yoga, based on their own assessment, and are not relying on any representations made by anyone at Yoga Yoga. Student waives any claim or right of action against Yoga Yoga and its officers, shareholders, employees and agents for loss, expenses, liabilities, damages or legal fees incurred on account of loss of injury to the student and the student's property incurred in connection with and/or as the result of the student's attendance at classes conducted by Yoga Yoga and/or the use of Yoga Yoga facilities or services.

Signature: _____ Date: _____ I am over 18: Yes ___ No ___