

Questionnaire and Release/Waiver of Liability

Please print clearly. Thank You. If you have any questions please ask.

Name: _____

Have you ever done yoga before? Yes No

Address: _____

If yes, where and for how long? _____

City, State, Zip _____

Phone Number: _____

Do you mind being touched or corrected in postures? Yes No

Date of Birth: ____/____/____

Do you have any health concerns you would like to make us aware of? Yes No

(TO RECEIVE BIRTHDAY COMPLIMENTARY PASS)

If yes, please elaborate: _____

Email: _____@_____

You are aware that this is an intense, physical, aerobic activity performed in a heated environment? Yes No

Emergency Contact: _____

Having been made aware you consent that you are willing and physically able to participate? Yes No

EC Phone Number: _____

How did you hear about us? _____

Please be aware that it is your responsibility to let us know if any of this information changes. Please read the following carefully. Initial beside each paragraph and sign below to indicate agreement.

I _____ hereby agree to the following:

____1. That I am participating in the yoga classes, or workshops (collectively hereinafter referred to as “Yoga Training and Hot Yoga Training”) offered by YogaPilatesBody Studio, during which, I will receive information and instruction about yoga and health.

____2. I understand that the Yoga Training and particularly Hot Yoga Training will require strenuous physical exertion that may cause physical injury and/or emotional suffering. I also understand that it is my responsibility to consult with a physician and/or counselor regarding my participation in Yoga Training. I hereby represent that I have been cleared to participate in the Yoga Training and that I have no medical, emotional or psychological condition that would prevent me from safe participation in Yoga Training.

____3. I hereby RELEASE AND DISCHARGE YOGAPILATESBODY STUDIO AND/OR ITS DIRECTORS, STAFF, EMPLOYEES and any other representatives or instructors (collectively hereinafter referred to as the “Released Parties”) from any and all liability, claims, demands, or causes or action that I may have for injuries, death or damages arising out of my participation in the Yoga Training, including but not limited to losses CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES.

____4. I further agree that I WILL NOT SUE OR MAKE A CLAIM against the Released Parties for damages or other losses sustained as a result of my participation in the Yoga Training. I also agree to IDEMNIFY AND HOLD THE RELEASED PARTIES HARMLESS from all claims, judgments and costs, including attorney’s fees, incurred in connection with any action brought as a result of my participation in the Yoga Training.

____5. I understand and acknowledge that the Yoga Training has certain inherent dangers that no amount of care, caution, instruction, or expertise can eliminate and I EXPRESSLY AND VOLUNTARILY ASSUME ALL RISK OF PERSONAL INJURY SUSTAINED WHILE PARTICIPATING IN THE YOGA TRAINING WHETHER OR NOT CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES.

____6. I hereby expressly recognize that this AGREEMENT OF RELEASE AND WAIVER OF LIABILITY is a contract pursuant to which, with complete and unequivocal knowledge of its contents, I have released any and all claims I may obtain against the Released Parties.

I _____, HAVE READ THIS AGREEMENT OF RELEASE AND WAIVER OF LIABILITY, AND FULLY UNDERSTAND ITS CONTENTS AND MEANING AND SIGN IT OF MY OWN FREE WILL AFTER HAVING INITIALED EACH PARAGRAPH TO CONFIRM THAT I HAVE READ EACH PARAGRAPH AND HAVE KNOWLEDGE OF THE TERMS CONTAINED HEREIN.

Participant’s Signature: _____ Date: _____