

THE WOODS YOGA NEW STUDENT INFORMATION FORM & LIABILITY WAIVER

NAME _____ / ____ / ____
BIRTHDAY MM/DD/YY

ADDRESS _____
CITY, STATE ZIP

MOBILE _____
EMAIL

EMERGENCY CONTACT: _____
NAME _____ **RELATIONSHIP** _____ **PHONE** _____

In consideration of, and as an inducement to, your enrollment as a student of The Woods Yoga, you understand, represent, acknowledge, and agree:

- 1) That yoga is a vigorous physical activity and that my participation may involve a heated room above 95 degrees Fahrenheit. I understand and acknowledge that in any such physical activity, risk of serious injury, and even death, is possible.
- 2) That certain yoga classes and poses are not recommended for individuals with certain conditions, including, without limitation, those with cardiac illness or irregularities, high blood pressure, pregnancy, diabetes, or various orthopedic injuries.
- 3) That I have been recently examined by a licensed physician and have been found by such physician to be in good physical health and fully able to perform the exercises necessary to partake in yoga classes at The Woods Yoga.
- 4) That The Woods Yoga does not have a physician on staff and the Yoga Teachers of The Woods Yoga are not qualified to diagnose and treat medical disorders and injuries.
- 5) That the risks posed by yoga classes, workshops, retreats, teacher training, and yoga poses are significantly minimized by following the guidance and instruction of a Yoga Teacher.
- 6) That I will faithfully follow all instructions given to me by The Woods Yoga and its instructors as to when, where, and how to perform and not to perform yoga postures and any deviation therefrom shall be at my own risk.
- 7) That Classes and Workshops may be photographed or recorded to video or audio for teacher and assistant training purposes and/or promotional and advertisement use. This includes the practice room as well as public venues within the studio such as hallways, the lobby and front desk area. By using facilities at The Woods Yoga, I agree to release The Woods Yoga from any liability in connection with such use and consent that The Woods Yoga may use such materials free and clear without claim on my part.
- 8) That I will receive text and email reminders, notifications, newsletters and promotions from The Woods Yoga.
- 9) I AGREE TO ASSUME FULL RESPONSIBILITY FOR ANY RISKS, INJURIES, OR DAMAGES, KNOWN OR UNKNOWN, WHICH MAY OCCUR AS A RESULT OF MY PARTICIPATION IN THE CLASSES, WORKSHOPS, PRIVATE LESSONS, RETREATS, OR TEACHER TRAINING AT THE WOODS YOGA. I WILL NOT HOLD THE WOODS YOGA, ITS MEMBERS, INSTRUCTORS, INDEPENDENT CONTRACTORS, OR EMPLOYEES RESPONSIBLE FOR ANY INJURIES SUFFERED AND I WAIVE AND RELEASE ANY CLAIM, DEMAND, OR CAUSE OF ACTION I MAY HAVE FROM OR RELATED TO THE AFOREMENTIONED PARTICIPATION. I HAVE READ AND FULLY UNDERSTAND THE ABOVE WAIVER OF LIABILITY. I AM LEGALLY COMPETENT TO SIGN AND VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS STATED ABOVE. I UNDERSTAND AND AGREE THAT THIS IS A CONTINUING WAIVER OF LIABILITY AND WILL REMAIN VALID THROUGH ALL MY FUTURE VISITS TO THE WOODS YOGA. IT IS MY RESPONSIBILITY TO SUPPLEMENT THIS WAIVER WITH EMERGENCY CONTACT INFORMATION VIA EMAIL AT INFO@THEWOODSYOGA.COM.

Please practice mindfully and enjoy the many benefits of practicing yoga at The Woods Yoga.

NAME _____ Date: _____ / _____ / _____

SIGNATURE _____

HOW DID YOU HEAR ABOUT US?

- | | | |
|---|--------------------------------|---|
| _____ Google | _____ Passing By/Signage | _____ www.thewoodsyoga.com |
| _____ Facebook | _____ Ad/Flyer | _____ other (_____) |
| _____ MindBody | _____ Groupon/Living Social | _____ Woods Yoga Teacher (_____) |
| _____ Newspaper/Magazine (_____) | | _____ Yelp |
| _____ Friend/Another Client (help us thank them: _____) | | |