



PARTICIPANT INFORMATION

Please print legibly. The information you provide will help your yoga instructor to assist you better in achieving your goals toward fitness and well-being.

Contact Information

Name:			
Address:			
City:		State and Zip Code:	
Telephone Number:		Alternate Number:	
Email:			

Person to contact in case of an emergency

Name:			
Address:			
City:		State and Zip Code:	
Telephone Number:		Alternate Number:	
Email:			

Personal Data

Gender:		Age:	
What is your present state of health? (Please describe physical or mental conditions, surgeries, and/or medications you are taking so your instructor can provide better training and recommendations to meet your needs in an effort to protect your well-being. If needed, use a separate sheet of paper, sign and date.)			

Participant's Name (Please print legibly)	Signature	Date (MM/DD/YYYY)
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Parent/Legal Guardian Name (For participant under 18 years old)	Parent/Legal Guardian Signature (For participant under 18 years old)	Date (MM/DD/YYYY)
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WAIVER AND RELEASE OF LIABILITY FORM

1. I am participating in yoga class, health programs, and/or workshops offered by Life Balance Yoga 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.
2. I understand it is my responsibility to consult with a physician prior to and regarding my participation in the yoga classes, health programs, and/or workshops. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in yoga classes, health programs, and/or workshops.
3. In consideration of being permitted to participate in yoga classes, health programs, and/or workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.
4. In further consideration of being permitted to participate in yoga classes, health programs, and/or workshops, I knowingly, voluntarily, and expressly waive any claim I may have against Life Balance Yoga for injury or damages I may sustain as a result of participating in the program.
5. My heirs, next of kin, and any representatives forever waive, release, discharge, from any and all liability and commit not to sue Life Balance Yoga for any injury or death caused by their negligence or other acts.

I certify that I have read this waiver and release of liability document and fully understand its content. I enter this contract voluntarily and agree to the terms and conditions stated above.

OR

As the parent/legal guardian of the participant who is under 18 years old, I certify that I have read this waiver and release of liability document and fully understand its content. I enter this contract voluntarily and agree to the terms and conditions stated above in his or her behalf.

Participant's Name (Please print legibly)	Signature	Date (MM/DD/YYYY)	Age (if <i>under</i> 18 yrs. old)
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Parent/Legal Guardian Name (For participant under 18 years old)	Parent/Legal Guardian Signature (For participant under 18 years old)	Date (MM/DD/YYYY)
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