



NEW STUDENT WAIVER AND REGISTRATION

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMERGENCY #: _____

EMAIL: _____ B.Day: _____

HOW DID YOU HEAR ABOUT BALANCE: _____

***BY SUPPLYING US WITH YOUR EMAIL, YOU ARE GIVING US PERMISSION TO EMAIL YOU RECEIPTS, CONTACT YOU, AND UPDATE YOU ON OUR BALANCE YOGA COMMUNITY.**

PLEASE LIST ANY INJURIES: _____

In consideration of and as inducement to my enrollment as a student of Balance Yoga, I represent and agree as follows:

1. I have been examined by a licensed physician within the past 6 months and have been found by such physician to be in good physical health and fully able to perform all yoga exercises which I am to learn and perform during my enrollment with Balance Yoga.
2. I will faithfully follow all instructions given to me by Balance Yoga instructors as to when, where and how to perform and not to perform yoga exercises - it being understood that any deviation from such instruction by me shall be at my own risk.
3. I will not hold Balance Yoga, it's owners, instructors, employees, or other practitioners responsible for any injuries suffered by me caused in whole or in part by instructions provided by Balance Yoga instructors, or by any physical impairment of mine not fully disclosed to Balance Yoga in writing, and release Balance Yoga from any and all claims for such injuries.
4. I understand and acknowledge that I am to receive instruction in yoga theory and exercise only, and I will not hold Balance Yoga, it's owners, instructors or employees to any higher standard of care than that applicable to school of yoga theory and exercise.
5. In the event that I am pregnant, I will not attend a yoga class until I have discussed the risks with my obstetrician, I will follow my doctor's recommendations and will not hold Balance Yoga responsible for any injuries to myself or my fetus caused in part or in whole by my failure to follow my doctor's recommendation.
6. If I am under 18 years of age, I have disclosed that information to Balance Yoga, in addition to my signature, my parent and/or guardian has signed and dated this waiver of liability at the bottom of this page.
7. The tuition paid herewith and such registration fees paid hereafter are non-refundable.

SIGNATURE: _____

DATE: _____

SIGNATURE OF GUARDIAN (under 18 years of age): _____