

Yoga Circle Studio

707 Pine Ave. #A103 Snohomish, WA. 98290

INFORMATION & WAIVER OF LIABILITY

Name: _____ Birth Date: _____ M ___ F ___

Address: _____ City: _____ State ___ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Email: _____

Emergency Contact Name: _____ Phone: _____

READ BEFORE SIGNING BELOW:

Yoga is a practice of guided self-care. We ask our practitioners to pay close and kind attention in their practice, and to feel free to stop or modify any pose or practice if they feel uncomfortable.

Therefore as you sign this waiver you agree that:

"I fully appreciate, understand, and acknowledge the fact that soe yoga classes may be strenuous and that there exists certain inherent risks. I choose to voluntarily participate in instructional sessions at Yoga Circle Studio, and by participating, assume, in any programs offered by Yoga Circle Studio, full responsibility for all risks.

I understand my responsibility to take care of myself, and inform the teacher if I have special needs (injuries, illnesses, etc.) and I will ask for help in modifying poses to support my general well-being and safety in the practice. If I observe any undue stress or pain during my participation, I will remove myself from participation and bring this situation to the attention of the nearest teacher.

I understand that if I have health concerns, it is my responsibility to consult with my health care practitioner prior to my participation in any programs offered at Yoga Circle Studio. I assume full responsibility for my participation."

Terms and conditions of participation:

- *If I eat before class, I will eat lightly. (We recommend that you drink at least 8 oz. of water after class.)*
- *I will arrive on time.*
- *I will turn off cell phones and pagers.*
- *I will wear non restrictive clothing, and avoid perfumes and scented lotions, as some people are allergic.*
- *I will tell my teacher about existing injuries, conditions, or limitations that might affect my practice.*
- *I understand that fees for class cards are nontransferable and nonrefundable.*
- *I understand that DROP IN or SERIES class cards expire as stated at the time of purchase.*

I willingly agree to comply with the above stated terms and conditions for participation.

By signing below I release Yoga Circle Studio, as well as their agents, tenants, managers, individual person, and damage or loss to my property incurred while on the premises at 707 Pine Avenue, Snohomish, WA 98290.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature _____ Date _____

For minors under 18: Signature or Parent/Guardian _____ Date _____

To help us reach more people, please tell us how you heard about Yoga Circle Studio? Circle one or more

- Drive by
- Friend/family referral. Who? _____
- Internet search:
 - Yelp Google Yahoo Bing
- Medical referral
- Newspaper ad
- News story about yoga
- Yellow Pages or Other _____