

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 #: _____ Mobile # (Text "opt-in") _____

Email (to "opt-in" to periodic studio communications) _____

Emergency Contact Name: _____ Phone: _____

READ BEFORE SIGNING BELOW:

Yoga is a practice of guided self-care. We ask our students 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. Yoga Circle Studio and all the teachers and managers have taken great care to keep the studio and all of it's equipment clean, sanitary, and safe for your protection. Safety for all is a prime concern.

Therefore as you sign this waiver you agree that:

"I fully appreciate, understand, and acknowledge the fact that some yoga classes may be strenuous and that there exists certain inherent risks if I push too hard. 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, chronic 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 or conditions, including exposure or potential exposure to Covid 19, I will NOT participate in programs at Yoga Circle Studio. It is my responsibility to consult with my health care practitioner if I have any concerns. I will not enter the studio if I have a temperature or any symptoms of any kind of infection, and I assume full responsibility for my own health and safety while participating in any class session. I understand that students and teachers will keep social distancing principles and wear masks and gloves, if appropriate, under the Governor's Covid 19 Plan. "

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 DROP IN or SERIES class cards expire as stated at the time of purchase, however we will work with you to modify your schedule if you have extenuating circumstances that prevent your attendance..*

I willingly agree to comply with the above stated terms and conditions for participation, and have read and undersood these terms. By signing below I release Yoga Circle Studio, Karen Guzak, Inc, as well as their agents, tenants, managers, teachers, individual persons, for any damage or loss to my person and/or 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 or Walk by. Friend/family referral. Internet search. Medical referral. Magazine or Newspaper ad. News story about yoga. Other _____