



YOGA

Agreement Of Release and Waiver of Liability

First Name: _____ MI: _____ Last Name: _____

Email Address: _____

Cell Phone: _____ Home Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Birth Date: _____ Be part of our birthday offers! Your information is safe with us.

Emergency Contact: (Name and Phone Number) _____

How did you hear about us? (If current student what is their full name?) _____

Do you have any medical concerns or issues? _____

If female, are you Pregnant? _____ Overall fitness level: Low _____ Average _____ High _____

How would you like to benefit from your yoga practice? _____

Liability Release: I understand that classes at Santosha Yoga may be physically strenuous and I voluntarily participate in them with full knowledge that there is risk of personal injury, property loss or death. I agree that neither I, my heirs, assigns or legal representatives will sue or make any other claims of any kind whatsoever against Santosha Yoga or its members for any personal injury, property damage/loss, or wrongful death, whether caused by negligence or otherwise. Santosha Yoga is in no way responsible for the safekeeping of my personal belongings while I attend class.

I am a participant in yoga classes, health programs or workshops offered by Santosha Yoga during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion, which may strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved. I understand that is my responsibility to consult a physician prior to and regarding my participation in yoga classes, health programs, or workshops. I represent and warrant that I am physically fit and I have no medical condition, which would prevent my participation in the yoga classes, health programs or workshops.

I understand that during class instructors may physically adjust. I release all personnel employed by Santosha Yoga from any claim whatsoever on account of adjustment, treatment or service rendered during my participation in yoga classes, health programs or workshops.

Privacy Policy: All personal information will not be shared or sold and will be for the sole use of Santosha Yoga. I give permission to Santosha Yoga to use photographs and/or comments in which I or family members may be featured. Photographs and/or testimonials obtained during any Santosha Yoga sponsored event may be shared with program participants and/or use as part of a public display which may include the Santosha Yoga website and/or print and electronic publications.

Return Policy: Class packages are non-refundable but can be transferred to another Santosha student. Workshops cancelled by the studio can be refunded to original form of payment or credited to their Santosha Yoga account for future purchases. I understand that merchandise purchased as Santosha Yoga may not be returned for a refund but may be exchanged within 90 days of purchase with a receipt. All returned checks will be charged a \$30.00 processing fee.

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

Signature of Participant _____ **Date** _____

If under 18 years of age: As legal guardian of _____, I consent to the above terms and conditions.

Signature of parent/guardian of participant _____ **Date** _____