

Power Yoga San Marco South

First name _____

Last name _____ Male / Female

Address _____

City _____ State _____ Zip _____

Phone number _____

Emergency contact _____

How did you hear about us? _____

Email address _____

Would you like to sign-up for our newsletter? Yes / No

Occupation _____

Medical injuries if any? _____

Have you done yoga before? If so, how often? _____

Release

I am aware that the teachers at Power Yoga San Marco South are here to serve me by sharing knowledge of yoga and health. I recognize that yoga requires physical activity that may at times be strenuous. By my participating in these classes, I represent to you that I am physically fit and agree to take full responsibility for not exceeding my limits in the practice of yoga and for any injury I might suffer in the practice of yoga. It is my responsibility to ascertain that there is no medical reason to prevent my participation. In consideration for Power Yoga San Marco South's teaching, I assume full risk for any injuries that I may incur and waive any person or entity in anyway involved therewith.

I have fully read the above release and fully understand and agree to the above.

Signature _____ Date _____

Parent/ Legal Guardian signature for yogis under 18 _____

