

BAREFOOT STUDIO DYNAMIC YOGA REGISTRATION AND ATTENDANCE RECORD

Name: First _____ Last _____ Initials _____

Address _____

City _____ State _____ Zip Code _____

Home # _____ Work # _____ Mobile # _____

E-mail: _____ Age _____ Date of Birth _____

Occupation _____

Medical History / Injuries (*please be specific. Use back of form if necessary*)

Referral Source: Ar Dem-Gaz _____ Yellow Pages _____ ShoppeTalk _____

Friend _____ (if so, who?) Name _____ Other _____

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, _____, hereby agree to the following:

1. That I am participating in the yoga classes, health programs or workshops offered by Barefoot Studio during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the yoga classes, health programs or workshops. I 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.

3. I waive any claim that I might have at any time for injury of any sort against Barefoot Studio or any person or entity in any way involved therewith.

4. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Barefoot Studio or any person or entity involved therewith for any injury or death caused by their negligence or other acts. 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.

Date _____ Signature of Participant _____

If under the age of 18: As legal guardian of _____

I consent to the above terms and conditions.

Date _____ Signature of Parent/Legal Guardian _____

Barefoot Owner or Manager _____

