

YOGA SEQUENCES
WITH CAROLYN DAVIS (Cassie)
New Student Registration/Liability Wavier

Name _____

Children Name & Ages _____

Address _____

Apt# _____ City _____ State _____ Zip _____

Phone _____ Email _____

Emergency Contact: _____ Phone# _____

How did you hear about YS?

Do you have any injuries that might affect your yoga practice? ____ Yes ____ No

Please Explain _____

How Long have you been practicing yoga or power yoga? First time ____ Less than a month ____

6-12months ____ over 1 year ____

Comments or Explanations of your Yoga Experience _____

Yoga can be a physically demanding activity. It is vitally important that you are in a physical condition that will allow you to participate without presenting danger to yourself or others. If you have any concerns that a health condition, injury, or previous lack of physical activity may put you at risk of personal injury or discomfort, please seek the advice of your physician before taking a class.

I, the undersigned, fully understand and agree to the following:

1. I am participating in a yoga class/workshop offered by Yoga Sequences. I recognize that any physical exertion may be strenuous and may cause injury.
2. I am fully aware of the risk and hazards involved.
3. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in Yoga Sequences classes/workshops.
4. I hereby state that, I am physically fit and have no medical condition that would prevent my full participation in these classes/workshops.
5. I knowingly and voluntarily waive any claim I may have against Yoga Sequences with Carolyn Davis for injury or damages that I may sustain as a result of participation in these activities.
6. I agree to let Yoga Sequences with Carolyn Davis use my photograph, video, and/or audio taken or recorded during class for any purpose they deem necessary.

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

Signature of Authorized Parent or Participant: _____ Date _____