

# Weaverville Yoga

7 Florida Avenue

Weaverville, North Carolina 28787

Student Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Please list anything that may affect you at this time (surgery, illness, injury, disability, trauma, emotional suffering, etc)

\_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about our studio? \_\_\_\_\_

## Waiver of Liability and Release

Assumption of Risk and Promise of Responsibility:

I am aware that participating in an exercise program may be a hazardous activity. I acknowledge that a certain minimum level of physical health, strength, fitness and flexibility will be required. I voluntarily participate in these activities with knowledge of the risks of injury. I agree to assume full responsibility for not exceeding my personal limits during my participation in the session.

Release:

Participant is aware that participation in this exercise program may result in accident or injury. Participant assumes the risk connected with the participation and represents that he/she is in good health and suffers from no physical impairment, which would limit their use during the training offered at Weaverville Yoga, Inc,. Participants acknowledge that Weaverville Yoga and any or all of their officers, contracted teachers, employees and agents shall not be liable for any claim, demand, cause of action of any kind whatsoever for, or on account of personal injury, property damage, death or loss of any kind resulting from or related to participant's use of the facilities or participation in any class or activity within the facility's premises and participant agrees to release all of the above named parties from full and complete responsibility. I voluntarily agree to the terms and conditions stated above.

Signature \_\_\_\_\_ Date \_\_\_\_\_