

# New Student Information Sheet



Happy Bodhi Yoga LLC

Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about Revolution Community Yoga? \_\_\_\_\_

## AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, \_\_\_\_\_, hereby agree to the following:

**1.** That I am participating in the Yoga Classes, Events or Workshops offered by Revolution Community Yoga during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion that 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, Events or Workshops. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the Yoga Classes, Events or Workshops.

**3.** In consideration of being permitted to participate in Yoga Classes, Events or Workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.

**4.** In further consideration of being permitted to participate in Yoga Classes, Events or Workshops, I knowingly, voluntarily and expressly waive any claim I may have against Revolution Community Yoga for injury or damages that I may sustain as a result of participating in the program.

**5.** I, my heirs or legal representatives forever release waive, discharge and covenant not to sue Revolution Community Yoga (Happy Bodhi Yoga LLC) 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 participant is under 18 AS LEGAL GUARDIAN OF \_\_\_\_\_, I CONSENT TO THE ABOVE TERMS AND CONDITIONS.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENTS/GUARDIAN