



Name _____

Address _____

Home phone _____ Cell phone _____ e-mail _____

Birthday _____ Would you like to be on our e-mail list? Y N

Emergency Contact name and # _____

AGREEMENT OF RELEASE AND LIABILITY

I, _____, hereby agree to the following:

1. That I am participating in the Yoga Classes, Health Programs, or Workshops offered by Shine Yoga Va. Beach, Inc. I recognize that yoga requires physical exertion and may be strenuous and may cause 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 yoga classes, health programs and workshops. I represent and warrant that I am physically fit and have no medical condition that would prevent me from full participation in same.
3. I agree to assume full responsibility for any risks, damages, known or unknown which might occur as a result of participation in any program.
4. In further consideration of being permitted to participate in programs I knowingly, voluntarily waive any claim I may have against Shine Yoga Va. Beach, Inc., its subcontractors and employees, for injury or damages that I may sustain as a result in participating in the program.
5. I, my heirs or legal representation forever release waive, discharge and covenant not to sue Shine Yoga Va. Beach, Inc., its subcontractors and employees for any injury or death cause by their negligence or other acts.
6. I agree that Shine Yoga Va. Beach, Inc., its subcontractors and employees shall not be liable for any claim, demand, cause of action on account of personal injury, property damage, or loss of any kind as a result from or related to my use of the facilities or participation in any programs within or without the premises.

* Please let your instructor know if there are specific health issues we should know about.

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.

SIGNATURE **DATE**

If participant is under 18 years of age:
 AS LEGAL GUARDIAN OF _____, I CONSENT TO THE TERMS AND CONDITIONS ABOVE

SIGNATURE **DATE**

PLEASE ARRIVE 10-15 MINUTES EARLY FOR YOUR FIRST CLASS