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**New Student**

**Registration Form**

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all medical/health issues, or anything else that may affect your practice. This is completely confidential.

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**Class Policies**

-Classes start promptly at the scheduled time. Please be on time as to not interrupt the class.

- For your safety all yoga poses should be done with bare feet.

-Before class, please make your instructor aware if there are ever any changes in your health that would affect your ability to participate in class.

\_\_\_\_\_ I have read and agree with the Class Policies.

\_\_\_\_\_ I have read and agree with the Informed Consent and Release of Liability on the back of this form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Informed Consent and Release of Liability

1. In consideration of being allowed to participate or observe in the activities and programs of Yoga ON Main and to use the Yoga on Main facilities, equipment, services, and property, I do hereby waive, release and forever discharge Yoga on Main, Kelly Dougherty and its agents, employees, volunteers, representatives, independent contractors, executors, and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities today and on all future dates. I do also hereby release all of those mentioned and any others acting upon their behalf from any act or omission with my participation in any activities or the use of any equipment with Yoga on Main.

2. I understand and am aware that yoga and other activities, is a potentially hazardous activity. I also understand that yoga,and other activities involve risk of injury and even death, and that I am voluntarily participating in these activities and using equipment with knowledge of dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. This agreement applies to activities including, but not limited to, organized activities, classes, observations and individual use of facilities, premises or equipment; and to any and all claims resulting from the damage to, loss of or theft or property. This waiver is also binding on all my heirs, executors and assigns. I have read this waiver of liability and fully understand its terms. I understand that I am giving up rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily and intend my signature to be a complete unconditional release of all liability.

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in yoga or other program except as hereinafter stated. I understand that it is my responsibility to consult with my physician about all health related changes that may result. I understand that certain physiological changes may occur, some of which can pose health risks. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate or that I have decided to participate in activities without the approval of my physician and do hereby assume all responsibility for my participation.