

OneBliss Yoga

New Student Registration

(Please Read!) Agreement of Release and Waiver of Liability:
In signing below I agree to the following:

I am participating in a Yoga class offered by OneBliss Yoga. I recognize that this class involves physical movement and may be strenuous. I acknowledge that I have had an opportunity to speak to the instructor of the class prior to the class to discuss any questions. I have been informed of the nature of the class and the level of physical activity involved. I am fully aware of the potential risks that are involved with taking this class. I assume full responsibility of any risks, injuries, damages, known or unknown, which I might incur as a result of participating in this class. I also understand that it is my responsibility to consult a physician prior to and regarding my participation in this class. I represent and warrant that I am physically fit and have no medical conditions that prevent my participation in this class.

If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly

I hereby voluntarily waive any claim I have against OneBliss Yoga and their agents for any injuries or other damages that I may sustain as a result of participating in this Yoga program.

Release of Liability - Signature _____

NAME & ADDRESS (PLEASE PRINT LEGIBLY)

Last Name _____

First Name _____

Address _____

City _____ State _____ Zip _____

PHONE #'s

Work Ph. (____) _____ Ext. _____

Hm. Phone (____) _____

Cell Phone (____) _____

In Case of Emergency (____) _____ *Relationship:* _____

OTHER INFO

Email Address _____

Birth Date ____/____/____

Profession _____