



Please read carefully and print legibly. Thank you.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Current Home Address: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

May we send you emails regarding upcoming events and specials? (Please circle) YES NO

Emergency Contact Name/Relationship: \_\_\_\_\_

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

Medical Conditions/Injuries: \_\_\_\_\_

How did you hear about us? (Circle all that apply)

Internet Facebook Print Ad Friend Other: \_\_\_\_\_

### **Release of Liability:**

1. I recognize that yoga involves physical exertion, which may be strenuous and may cause physical injury. I understand that I must judge my own capabilities with respect to practicing yoga. By my participation in yoga classes and/or workshops taught at Root Down Yoga, I agree to assume full responsibility for any risks, injuries or damages, known or unknown that I might incur in such practice.

2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in yoga. I represent and warrant that I am physically fit and have no medical condition that would prevent my full participation in yoga classes. I acknowledge that it is my responsibility to inform the instructor when I begin a class of any injury or other condition that might affect my ability to participate, and to inform the instructor immediately if an injury occurs during class.

3. I, my heirs or representatives release, waive, discharge, and covenant not to sue Root Down Yoga LLC, Amanda Roush, Nicholas Roush, their officers, employees and agents for any injury caused by their negligence or other acts. I knowingly, voluntarily and expressly waive any claim I may have against Root Down Yoga for injuries or damages that I may sustain as a result of participating in its yoga classes.

4. I agree to let Root Down Yoga Studio, LLC. use my photograph, video, and or audio taken or recorded during any class, workshop, or event for any purpose they deem necessary.

5. I understand that Root Down Yoga is not responsible for lost, stolen or damaged items.

6. I have carefully read this waiver and release, and I fully understand and voluntarily agree to the above.

Signature of Participant and Date:

\_\_\_\_\_

**ATTENTION STUDENTS UNDER 18 YEARS OLD:** All students 10-15 years old must be accompanied by a parent or guardian for each adult class attended. Children under 10 are not permitted to attend adult classes. All minors (under 18) must have a parent/guardian complete the section below in order to attend their first class.

As Parent or Legal Guardian of \_\_\_\_\_, I consent to the above terms and conditions.

PARENT print name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*Root Down Yoga reserves the right to refuse service to anyone. RDY may use any student-related video, picture or audio recording for RDY's own purposes both public and private.*

Updated 12.31.2018