

Your Yoga Lifestyle, LLC

REGISTRATION FORM

(Please Print)

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Age _____ How did you hear about Your Yoga Lifestyle? _____

Occupation _____ Where at _____

In Case of Emergency Contact _____

Relationship _____ Contact Phone () _____

What is your current exercise program? _____

What type of stresses do you have in your life? _____

What type of current medical conditions or injuries do you have? _____

What's your primary reason for taking this yoga class/therapy? _____

WAIVER AND ASSUMPTION OF RISKS AGREEMENT

The undersigned, being above the age of eighteen, acknowledges, understands, and agrees to release Your Yoga Lifestyle, LLC, its members, employees, teachers, volunteers, independent contractors, and agents (collectively "Your Yoga Lifestyle"), on behalf of myself, my heirs, and personal representatives and estate as follows:

1. That I am participating in yoga classes, health programs or workshops offered by Your Yoga Lifestyle, LLC during which I will receive information and instruction about yoga and health. I acknowledge that I am fully aware of the risks and hazards involved. I agree to take full responsibility for my actions.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the yoga classes, health programs or workshops, as it relates to any health condition that I may have. I understand that I am responsible for my own health and wellbeing, and that I will be learning to listen to my own body.
3. In consideration of permission to use the property, facilities, and services of Your Yoga Lifestyle, LLC, I do hereby release, waive, discharge, and agree not to sue Your Yoga Lifestyle, LLC for liability from any and all claims arising from the ordinary negligence of Your Yoga Lifestyle, LLC. This agreement applies to 1) personal injury (including death) from accidents or illnesses arising from the participation in yoga classes, health programs, workshops, and other activities including, but not limited to, organized activities, classes, observation, and individual use of facilities, premises, or equipment; and to 2) any and all claims resulting from the damage to, loss of, or theft of property.
4. I agree to hold harmless and indemnify Your Yoga Lifestyle, LLC from all claims resulting from negligence and to reimburse them for any expenses incurred by Your Yoga Lifestyle, LLC in investigating and defending a claim or suit if my claim is withdrawn, or to the extent a court or other competent forum determines that Your Yoga Lifestyle, LLC is not responsible for the injury or loss.
5. The undersigned further expressly agrees that this agreement is intended to be as broad and inclusive as is permitted by the law of Wisconsin and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Likewise, I agree that if legal action is brought, it must be brought in Racine County, State of Wisconsin.

Signature

Date

If a Minor, Signature of Parent/Guardian