

ananda bhav yoga

find yourself here

REGISTRATION FORM

Please print very legibly!

Date: _____

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

How did you hear about us? _____

Do you currently have any medical conditions we should know

about? (Please list here) _____

Have you done yoga before? Tell us about your previous yoga

experience (what style, how many years, etc.) _____

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, _____, hereby agree to the following:

1. That I am participating in the Yoga Classes, Health Programs or Workshops offered by Ananda Bhav Yoga during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion that may be strenuous and may cause physical 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 the Yoga Classes, Health Programs or Workshops. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the Yoga Classes, Health Programs or Workshops.

3. In consideration of being permitted to participate in Yoga Classes, Health Programs or Workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.

4. In further consideration of being permitted to participate in Yoga Classes, Health Programs or Workshops, I knowingly, voluntarily and expressly waive any claim I may have against Ananda Bhav Yoga for injury or damages that I may sustain as a result of participating in the program.

5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Ananda Bhav Yoga for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and fully understand it's contents. I voluntarily agree to the terms and conditions stated above.

Date

Signature of Participant

If participant is under 18

As legal guardian of _____, I consent to the above terms and conditions.

Date

Signature of Parents/Guardian of Participant

Witnessed by: _____