**Verona Yoga Studio, LLC New Student Agreement of Release and Waiver of Liability**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_Zip\_\_\_\_E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthday \_\_\_\_\_\_\_\_\_\_\_\_Have you practiced Yoga before: Y N Style? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Where? \_\_\_\_\_\_\_\_\_\_\_

Referred by: Friend\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ad/Article \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Walk-By \_\_\_\_\_\_\_\_\_\_

Online \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I am, or will, participate in Yoga or Workshops offered by Verona Yoga Studio, LLC during which I will receive information and instruction about yoga. These classes entail intensive physical activity and exertion by me. I recognize that such physical activity and exertion may be difficult and strenuous and may cause or aggravate a physical injury or medical condition. I am fully aware of the risks and hazards involved.

2. I understand it is my responsibility to consult with a physician prior to and in reference to participating in the fitness classes or workshops. I will receive prior approval from my Doctor to participate. I represent and warrant that I am physically fit and have no medical condition to injury which would prevent my full participation in the fitness classes or workshops.

3. In consideration of being permitted to participate in the fitness classes or workshops, I agree to assume all and full responsibility for any risks, conditions, injuries, or damages, known or unknown which I might incur or aggravate as a result of my participating in same.

4. In further consideration of being permitted to participate in the fitness classes or workshops, I knowingly, voluntarily, and expressly waive any claim I may have or acquire against Verona Yoga Studio, LLC, or its representatives for any injury, condition, or damages that I may sustain as a result of entering or being on the premises or participating in fitness classes or workshops.

5. I, my heirs or legal representatives, forever release, waive, discharge, and covenant not to sue Verona Yoga Studio, LLC for any injury, condition, or death, which arises, is caused by, or is aggravated by reason of my participation in the programs.

6. I understand that it is my continuing responsibility to inform the instructor(s) and staff at Verona Yoga Studio, LLC of any previous medical conditions, injuries, or surgeries, prior to my first class and at such time as I acquire information as to same.

7. The tuition paid herewith and such registration fees paid hereafter are non-refundable, such refunds, if any, as are made shall be entirely within the discretion of Verona Yoga Studio, LLC.

**Please List any and all previous conditions, ailments, injuries, and/or surgeries:**

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If you are pregnant or may be pregnant, it is your responsibility to consult your physician before participating in classes.

8. I also understand that except for a monetary refund, I have no claims against Verona Yoga Studio, LLC or the landlord of the premises by reason of their refusal to all me to participate in any of the programs.

I have read the above Release and Waiver of Liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Under 18 Legal Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_