

Name

Address

Apt City State Zip

Phone (H)

Phone (C) DOB

Email

Emergency Contact: _____ Phone: _____

How did you find out about us?

- Friend
Name: _____
- Baptiste Website / Adv.
- Saw the Logo / Sign
- Nasher Sculpture Center
- Google / Yahoo
- Brochure / Flyer
Where? _____
- Other: _____

How long have you been practicing POWER YOGA?

- First time 1-6 months 1-2 years
- Less than a month 6-12 months 2+ years

Do you have any injuries / limitations past or present?

- Yes No If yes, please list / explain

Yoga can be a physically demanding activity. It is vitally important that you are in a physical condition that will allow you to participate without presenting a danger to yourself or others. If you have any concerns that a health condition injury or previous lack of physical activity may put you at risk of personal injury or discomfort, please seek the advice of your physician before taking a class.

I, the undersigned, fully understand and agree to the following:

1. I am participating in a heated yoga class/workshop offered by YogaSport. I recognize that any physical exertion may be strenuous and may cause injury. 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 YogaSport classes/workshops.
3. I hereby state that I am physically fit and have no medical condition which would prevent my full participation in these classes/workshops.
4. I knowingly and voluntarily waive any claim I may have against YogaSport and its instructors for injury or damages that I may sustain as a result of participation in these activities.
5. I agree to let YogaSport use my photograph, video, and/or audio taken or recorded during class for any purpose they deem necessary.

I have read the release and waiver of liability and fully understand its content.
I voluntarily agree to the terms and conditions stated above.

OFFICE USE ONLY	
<input type="checkbox"/>	Initial _____
<input type="checkbox"/>	\$39/month
<input type="checkbox"/>	Drop-In
<input type="checkbox"/>	Free Class
<input type="checkbox"/>	Beg Series
<input type="checkbox"/>	Cash
<input type="checkbox"/>	Check
<input type="checkbox"/>	CC
<input type="checkbox"/>	Online

Signature of Participant: _____ Date: _____