



new student registration

name _____
address _____
city _____ **state** _____ **zip** _____
email _____ **referred by** _____
home phone _____ **emergency phone** _____

In consideration of being permitted to participate in the yoga classes at thrive yoga studio located at 6914 Sebastopol Ave., Sebastopol, CA 95472, I represent and agree as follows:

- That I am participating in the yoga classes, during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion which may be strenuous and I am aware of the hazards and risks involved.*
- I understand that it is my responsibility to consult with a physician prior to and regarding my full participation in the yoga classes. I represent and warrant that I am physically fit and have no medical conditions, which would prevent my full participation in yoga classes.*
- I will faithfully follow all instruction given me by you and your instructors when, where, and how to perform and not to perform yoga exercises, it being understood that any deviation by me from such instruction shall be at my own risk.*
- I will not hold you, your instructors or employees responsible for any injuries suffered by me caused whole or in part by my failure to faithfully follow the instructions of you or your instructors or by any physical impairment of mine not fully disclosed to you in writing.*
- I understand and acknowledge that I am to receive instructions in yoga therapy and exercises only, and will not hold you, your instructor or employees to any higher standard of care than that applicable to the school of yoga theory and exercise.*

signature of participant _____ **date** _____