

Woven Yoga
New student form/Agreement of Release & Waiver of Liability

Full name: _____ Birthday: _____

Street address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Email: _____

Please contact me via: Text Email Both I don't want to hear about yoga

Previous yoga experience:

1 . I am or will be participating in the Yoga classes, Health Programs or Workshops offered by Michele Minehart LLC and Woven Yoga during which I will receive information and instruction about yoga and health. 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 and accept the risks and hazards involved.

2 . I understand that it is my responsibility to consult with a physician prior to and regarding my participating in the Yoga Classes, Health Program or Workshops, and to receive prior approval to participate. I represent and warrant that I am physically fit and I have no medical condition or injury which would prevent my full participation in the Yoga classes, Health Program and Workshops.

3 . In consideration of being permitted to participate in the Yoga Classes, Health Programs or Workshops, I agree to assume all 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. I understand that there may be physical adjustments by the teacher from time to time and that it is my responsibility to let the teacher know if I don't want to be touched/adjusted.

4 . In further consideration of being permitted to participate in the Yoga Classes, Health Programs or Workshops (the "Programs"),I knowingly, voluntarily and expressly waive any claim I may have or acquire against Michele Minehart, Woven Yoga, or the Landlord, or any premises at which it may operate, for any injury, condition, or damages that I may sustain as a result of entering or being on the premises or participating in the Programs.

5 . I, my heirs or legal representative forever release, waive, discharge and covenant not to sue Michele Minehart, Woven Yoga,, or the landlord of any premise at which it may operate, 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) at Michele Minehart [Yoga] of any previous medical conditions, injuries or surgeries prior to my first class and at such other times as I require 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 Michele Minehart/Woven Yoga. Please list any recent conditions, ailments, injuries and/or surgeries:

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 Michele Minehart LLC, or the landlord of the premises by reason of their refusal to allow me to participate in 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.**

Signature of participant

Date

Under18- legal Guardian Signature

Emergency Contact Name and Phone number