

**Voluntary Participation Agreement and Waiver of Liability**

**Date:\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_ Gender: M F**

**First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt: \_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_**

**Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Concerns/Issues: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you pregnant? Yes No**

**Reason for visiting? (Please Circle One)**

Stress Relief Lose Weight Increase Strength & Flexibility Overall Health

**How did you hear about classes? (Please Circle One)**

Friend AD Facebook Other

**Whom shall we thank for referral? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If at anytime during class, you feel discomfort or strain, gently come out of the posture. You may rest at anytime during the class. It is important in yoga that you listen to your body, and respect it’s limits on any given day.

I, the undersigned, understand that yogaas with any physical activity, carries a risk of injury, even serious or disabling, that is always present and cannot be entirely eliminated. I represent and warrant that I have no medical condition that would prevent my participation in yoga classes. In consideration for participation in the yoga class/workshop, I agree to assume full responsibility for any risks, injuries or damages, known and unknown, which I might incur as a result of my participation, and I knowingly, voluntarily, and expressly waive any claim I may have against Rootdown Yoga, LLC or any of its instructors.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

For Office Use Only

Class Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment:  Drop In

 Monthly package