



Integral Yoga® Center of Richmond

Registration Form for Integral Yoga® Center of Richmond

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____

City: _____ State _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Age: _____ E-Mail: _____

Employer: _____ Position: _____

Class Selection

Name of class: _____ Date: _____ Time: _____

Is this your first Yoga class? Yes No Is this your first Integral Yoga® class? Yes No

What is your Yoga experience? _____

How did you find out about this class? _____

Agreement of Release and Waiver of Liability Form

I, _____ hereby agree to the following:

1. That I am participating in the Yoga Class/Workshop, offered by the Integral Yoga® Center of Richmond, held at _____ called (Class Name) _____ taught by _____ during which I will receive information and instruction about yoga and health. I recognize that yoga may require some physical exertion, which may be strenuous and may cause physical injury, and 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 the Yoga Class or Workshop. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in the Yoga Class or Workshop.

3. In consideration of being permitted to participate in the Yoga Class or Workshop, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.

4. In further consideration of being permitted to participate in the Yoga Class or Workshop, I knowingly, voluntarily and expressly waive any claim I may have against the Integral Yoga® Center of Richmond, its director, instructors and staff, Integral Yoga® International, Friends Meeting House (Quakers), and class/workshop sponsors, (name of sponsor if applicable) _____ for any injury or damages that I may sustain as a result of participating in the program.

5. I, my heirs or legal representatives, forever release, waive, discharge and covenant negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents as well as the Refund/ Cancellation and Make-up Class Policies. I voluntarily agree to the terms and conditions stated above.

REGISTRANT'S SIGNATURE: _____ DATE: _____

If registrant is under 18 a legal guardian's authorization is required:

AS LEGAL GUARDIAN OF I CONSENT TO THE ABOVE TERMS AND CONDITIONS.

GUARDIAN'S SIGNATURE: _____

WITNESSED BY: _____

Please indicate any physical conditions or disabilities, current or chronic, which might limit participation in this class, any medication taken at this time or/any allergies known:

Specify other location: