

David Flenniken Yoga

CONFIDENTIAL New Student Form

Name:
Address:
Phone#:
Email Address: *email address will remain private
Emergency Contact & Phone#:
Do you have a regular yoga practice? If so, how often?
Do you have any injuries/accidents still affecting you? If so, please list below:
<i>Agreement of Release and waiver of Liability</i>
<p>I am aware that I am participating in yoga classes offered by David Flenniken during which I will receive information and instruction about yoga. I recognize that yoga requires physical exertion which may be strenuous and may cause physical injury and I am fully aware of the risks and hazards involved. I understand it is my responsibility to consult with a physician prior to and regarding my participation in yoga classes. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in yoga classes. I agree to assume full responsibility for not exceeding my limits in the practice of yoga and for any injury I might suffer in the practice of yoga. In consideration of participating in yoga classes or workshops with David Flenniken, 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 yoga classes. I knowingly, voluntarily and expressly waive any claim I may have against David Flenniken, for injury or damages that I may sustain as a result of participating in any class or workshop. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue David Flenniken for any injury or death caused by their negligence or other acts.</p> <p>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.</p>
Date & Signature:
* or Parent/Guardian's Signature if under 18