

YOGA
Registration & Liability Release

Name: _____

Phone No.: _____ Email: _____

Primarily interest: Tuesday nights _____
Saturday mornings _____
Mix of both _____ *Pass is interchangeable

Payment Received: _____
Pass Issued _____

I acknowledge that Yoga is a physical activity and that I have no medical condition, which would prevent my participation. I further understand that I have the right and responsibility to modify or opt out of performing any movement or pose that is beyond my capability to safeguard my health. I certify that I am covered by a personal health insurance policy in the event of injury. I release my instructor and Community of Grace Presbyterian Church, where the classes are conducted, from any liability for any injury sustained while participating in, watching, or traveling to and from class.

Date: _____ Signed: _____

Signature of parent or guardian if participant is under the age of 18: _____

Person to contact in case of emergency: _____

Phone number for emergency contact: _____