



ADULT REGISTRATION & WAIVER

Name: _____ Email: _____

Home Phone: _____ Mobile: _____

Address: _____

1. I am in good physical health and fully able to perform all yoga exercises for which I am to learn and perform during yoga classes. I understand that it is my responsibility to consult a physician with regard to my capability to participate in yoga classes.
2. I will follow all instructions given to me by the yoga instructors as to when, where, and how to perform yoga exercises. I understand that any deviation from the instructions shall be at my own risk.
3. I understand that during the yoga class the instructor may aid my posture with appropriate physical contact.
4. I understand that this activity may cause physical injury and I am fully aware of the risks and hazards that may be involved.
5. I knowingly and voluntarily waive all claims against YOGA TALES and its instructors, employees, and volunteers for injury or damages that I may sustain while participating in yoga classes. I agree to waive my rights to sue and assume all risks.
6. I acknowledge that 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.

Visa MasterCard **Name on credit card:** _____

Check or Credit Card # _____ Exp. Date _____

Signature _____ **Date** _____

Please make checks payable to YogaTales and mail to the address below.

- Classes are limited in space and are filled on a first come, first served basis.

Strong **bodies**
Strong **character**

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