



STUDENT REGISTRATION FORM

(Please print clearly)

Name: _____ Date: _____

Cell Phone Number: _____ Home Phone Number: _____

Email: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip Code: _____

How did you hear about Yoga Soleil?

- Internet Friend (whom may we thank? _____) Flyer
 Newspaper Ad Other _____

In case of Emergency:

Name *and Phone* of Personal Contact: _____

Relationship to you: _____

Personal Information:

Have you ever practiced yoga before? If so, please describe your experiences. If not, what attracts you to yoga personally?

Please tell us about your physical well-being. Are you currently pregnant? Yes No Are you currently injured, ill or healing? No Yes (please provide information below)

You MUST read and sign the waiver of liability located behind!→

Please read the following AGREEMENT OF RELEASE and WAIVER OF LIABILITY carefully before signing:

1. I will be participating in the yoga classes and / or workshops offered by Yoga Soleil, Ltd. during which I will receive information and instruction. I recognize that yoga requires physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the risks involved. I am also aware that Yoga Soleil, Ltd. is here to serve me by sharing knowledge of yoga and I agree to take full responsibility for not exceeding my personal physical limits in the practice of yoga.

2. I understand that it is solely my own responsibility to ascertain whether there are any medical or other reason to prevent my participation in yoga classes, workshops and / or other programs. I am in good physical health. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in yoga classes, workshops and/or other programs. I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participation in yoga classes, workshops, and/or other programs.

3. I waive any claim that I might have at any time for injury, damage or loss of property, against Yoga Soleil, Ltd., its leaseholder, instructors, or any person in anyway involved therein. I, my heirs or legal representatives, forever release, waive, discharge and covenant not to sue Yoga Soleil, Ltd. for injury or death caused by their negligence or other acts.

I have read the above Agreement of Release and Waiver of Liability and fully understand its contents. By signing below, I voluntarily agree to all of the above stated terms and conditions.

Signature of Student

Date

Name of Student

Signature of Parent or Guardian

Name of Parent or Guardian