

R H O D E I S L A N D
P O W E R Y O G A

Name _____ Date of Birth _____

Street Address _____ Apt. No _____

City _____ State _____ Zip _____

Best phone to reach you _____ Is this a cell/text number? Y ___ N ___

Email (please PRINT legibly) _____

Is there someone we can thank for referring you? _____

If not, please tell us how you found us _____

How would you like to hear about special pricing promotions, schedule updates, events & workshops?

Check all that apply: Email ___ Text ___ Facebook ___ (please "like" the RIPPY page to get posts)

What would be your ideal class time(s)? _____

Are you interested in learning about our **Live Love Teach** teacher trainings? Y _____ N _____

In case of emergency whom should we notify? _____ Ph: _____

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

1. I am participating in, and may in the future participate in, yoga classes or workshops offered by Rhode Island Power Yoga, LLC. I understand this agreement covers any future classes or workshops I participate in at Rhode Island Power Yoga, LLC. During these yoga classes or workshops 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 any of these yoga classes or workshops now and in the future. I represent and warrant that I am and will be physically fit and I have no medical condition which would prevent my full participation in these yoga classes or workshops now or in the future.
3. In consideration of being permitted to participate in the yoga classes or workshops, 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 yoga classes or workshops.
4. In further consideration of being permitted to participate in the yoga classes or workshops, I knowingly, voluntarily and expressly waive any claim I may have against Rhode Island Power Yoga LLC, its owners, employees, contractors and agents for any injury or damages that I may sustain as a result of participating in the yoga classes or workshops or teacher trainings.
5. I, my heirs or legal representatives, forever release, waive, discharge and covenant not to sue Rhode Island Power Yoga LLC, its owners, employees, contractors and agents for any injury caused by their negligence or other acts.

I have carefully read this waiver of liability & release and fully understand & agree to its contents.

Signature of Participant _____ Date _____

If Participant is under the age of eighteen (18) years:

As legal guardian of: _____, I consent to the above terms and conditions.

Participant's Parent/Guardian signature _____ Date _____