

Yoga off the Square

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address/City Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

What is your yoga experience? None:\_\_\_ Beginner:\_\_\_ Intermediate:\_\_\_ Advanced:\_\_\_

*Is there anything we should know about your body to give you the best experience?*

*(Injury, soreness,...)* \_\_\_\_\_

*Agreement and Liability Release*

I hereby stipulate that I am physically sound to participate in yoga, Pilates or any body movement program class, workshop, event or activity sponsored by Yoga off the Square or Allerton Park & Retreat Center. I understand and agree that all exercises and lessons are undertaken at my sole risk. Yoga off the Square, Allerton Park & Retreat Center and representative instructors shall not be liable for injuries or damages to my person or property arising out of or connected with the use of services, classes or facilities at Yoga off the Square or Allerton Park & Retreat Center. I assume all responsibility and liability for any and all injuries I may sustain due to my participation in these activities. I understand that Yoga off the Square and Allerton Park & Retreat Center are not responsible for personal property I bring to class. I authorize Yoga off the Square or Allerton Park & Retreat Center to call 911 in the event that I appear to require emergency medical care, and I assume responsibility for all associated costs. I understand that payment is due prior to class and that any unpaid classes will be reconciled.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_