



890 G St.
Arcata, CA

innerfreedomyoga.com
(707) 440-2111

PRINT Name (First and Last) _____

City / State _____

Phone Numbers Home _____ Cell _____

How did you hear about us? _____

Email Address (print neatly) _____

I would like to receive email notices about (circle choices):

Monthly Updates/coupons, Local to my area, International Retreats, audio/video classes, none

Have you practiced yoga before? YES NO If YES, then for how long? _____

Emergency Contact

Name: _____ Phone Number _____

Medical Health

Please list any physical, mental, or medical conditions and/or limitations you now have or have had that might limit or impair your yoga practice.

Waiver of Liability, Indemnity Agreement, and Assumption of Risk

Event or Activity: _____ PRINT FULL Name of Participant: _____

I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions given by the Inner Freedom Yoga Instructor, visiting instructor, substitute or contract instructor, or the employees, representatives or agents of The Community Yoga Center. By signing below I agree that Inner Freedom Yoga and the Community Yoga Center are in no way responsible for the safekeeping of my personal belongings while I attend class.

By signing below, I assume any risk of harm or injury which might occur to me due to my participation in the event or activity. I release Inner Freedom Yoga and it's contract, guest and substitute teachers and The Community Yoga Center from all liability, costs and damages which might arise from my participation in the above named activity.

I, the undersigned, understand that yoga is not a substitute for medical attention, examination, diagnosis or treatment. I recognize that it is my responsibility to notify my teacher of any serious illness or injury before every yoga class. I will not perform any postures to the extent of strain or pain.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I SURRENDER CERTAIN LEGAL RIGHTS.

Signature of Participant: _____ Date: _____

If the participant is a minor, I agree that the minor has my consent to participate in the event. I further provide my consent for the organization or businesses named above to seek emergency treatment for the minor if necessary. I agree to accept financial responsibility for the costs related to this emergency treatment.

Signature: _____ Date: _____

We are delighted to share yoga with you!

