

Purple Yoga Hawaii Registration Form

Name please print _____ Phone _____

Address _____

_____ Zip code _____

Email _____

Occupation _____

Yoga experience _____

Sports, activities _____

List medical conditions, injuries and/or surgeries _____

Pregnancy

Due date _____ I am currently _____ weeks pregnant D.O.B. _____

Who is your doctor? _____ Where will you deliver? _____

Has your doctor approved yoga for you? Yes No

Yoga Release and Waiver

1. 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 the yoga class. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the yoga class.
3. In consideration of being permitted to participate in the yoga class, 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 program.
4. In further consideration of being permitted to participate in the yoga class, I knowingly, voluntarily and expressly waive any claim I may have against Purple Yoga Hawaii and its instructors for any injury or damages that I may sustain as a result of participating in the program.
5. I, my heirs or legal representatives forever release, waive, discharge and covenant negligence or other acts.
6. 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.

All rates are non-refundable and non-transferable. Purple Yoga is not responsible for lost or stolen items.

Signature of participant

Date