

REGISTRATION FORM AND LIABILITY WAIVER

HOLOS YOGA, LLC @1338 Commerce Ave, Suite 109, Longview, WA 98632

First Name _____ Last Name _____
Date of Birth ____/____/____
Address _____

City _____
State _____ Zip _____
Email _____ Phone: _____
Cell _____ Home _____
Emergency Contact _____
Phone _____ Relationship _____

• How did you hear about HOLOS YOGA?

• Do you have any physical limitations that might be aggravated by exercise? (example: injuries, recent surgery, disease) Yes__ No__ If yes, please explain:

IMPORTANT: It is your responsibility to inform the instructor of your limitations before class begins. Please practice mindfully and enjoy the many benefits of practicing yoga at HOLOS YOGA!

I, (print name) _____ hereby release HOLOS YOGA, LLC, the staff and my instructors from responsibility for any injuries I may incur as a result of participation in the programs presented by HOLOS YOGA. In taking part in yoga classes or workshops at HOLOS YOGA, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which might incur as a result of participating in the programs. I certify that my level of physical condition determined by my physician and myself will allow me to safely participate in classes at HOLOS YOGA.

I have read the above Release and Waiver of Liability and fully understand its contents. I am legally competent to sign and voluntarily agree to the terms and conditions stated above.

Signature: _____

Date: _____

As legal Guardian/Parent of: _____, I consent to the above terms and conditions. Signature: _____ Date: _____