



Agreement of Release and Waiver of Liability

Last Name

Middle Initial First Name

Address

City State Zip

Home Phone - - Cell Phone - -

Work Phone - - x

Email Address

Occupation Birth Date - -

Emergency Contact Name

Emergency Contact Phone Number - -

How did you hear about us? _____

I am a participant in Yoga Classes, Health Programs or Workshops offered by Center for Yoga and all its future locations (collectively the "Centers" in the future represented as "Center for Yoga") during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved. 2. In consideration of being permitted to participate in Yoga Classes, Health Programs or Workshop, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participation in the program. 3. I understand during classes at the Centers, instructors may physically adjust me. I release all personnel employed at the Centers from any claim whatsoever on account of adjustments, treatment or service rendered during my participation in Yoga Classes, Health Programs or Workshops. 4. In further consideration of being permitted to participate in Yoga Classes, Health Programs or Workshops, I knowingly, voluntarily and expressly waive any claim I may have against the Centers for injury or damage that I may sustain as a result of participation in Yoga classes, Health programs and Workshops. 5. I understand that it is my responsibility to consult a physician prior to and regarding my participation in Yoga Classes, Health Programs and Workshops. I represent and warrant that I am physically fit and I have no medical condition, which would prevent my participation in the Yoga Classes, Health Programs or Workshops. 6. I assume all responsibility, for all risks of damage or injury that may occur to me as a student of the Centers courses and instruction while attending classes, participation in exercises, using the Centers facilities or entering or exiting the studio. 7. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue the Centers for any injury or death caused by their negligence or other acts. 8. Furthermore, I give permission to the Centers to use photographs, video and/or comments in which I or family members have featured. Photographs, video and/or testimonials obtained during and Center for Yoga sponsored event may be shared with program participants, and/or used as a part of a public display which may include the Center for Yoga website and/or print and electronic publications. 9. Return Policy: I understand that merchandise purchased at the Center for Yoga may not be returned for a refund but may be exchanged within 7 days of purchase with a receipt at the location it was originally purchased at. Class packages are non-refundable and non-transferable. 10. Payment of Services: Students must sign-in and provide payment or proof of class series prior to participation in class - failure to do so may result in loss of membership. 11. Returned Checks: All returned checks will be charged a \$30.00 processing fee. 12. All packages/series are non-refundable and non-transferable. 13. To redeem any promotions a valid state ID must accompany purchase. 13. To be an active member at The Center for Yoga a valid credit card must be on file. 14. Center for Yoga reserves the right to charge all outstanding/unpaid sessions to credit card on account. 15. In Hot Vinyasa, the yoga room reaches temperatures above 100 degrees, it is your responsibility to ensure that you are well hydrated and that you don't over exert yourself.

**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.**

Signature of Participant _____ Date _____

If under 18 years of age
As legal guardian of _____, I consent to the above terms and conditions.

Administrative Use Only – Fill out Completely

CFY STAFF MEMBER NAME _____

Type of series purchased _____ Declined (reason) _____

Male__ / Female__ / Local Resident__ / Workshops__ / Conferences__ / TT__ / Retreat__ / Out of state__

Type of class attended _____ Teacher _____