

Registration Release and Waiver of Liability



Name: _____

Address: _____

City / State / Zip _____

Phone #(s): Home: _____ Cell: _____ Work: _____

E-mail: _____ Birthday: _____

Emergency Contact: (Name/ # / Relationship) _____

Please list any physical conditions, injuries, or impairments: _____

Would you like to be added to Shine Yoga's newsletter? _____

I, _____, hereby agree to the following:

1. I understand that classes and programs offered by Flourish Unlimited LLC dba Shine Yoga. herinafter "Shine Yoga" may be physically strenuous and I voluntarily participate in them with full knowledge that there is risk of personal injury, property loss, or death. I understand that yoga instructors and fellow students may physically assist me in holding, modifying, or moving into and out of certain yoga postures. I agree to follow all instructions so that I may safely participate in classes, workshops, or other activities.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the programs offered by Shine Yoga I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the classes and programs.
3. In consideration of being permitted to participate, 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 classes or programs.
4. In further consideration of being permitted to participate, I knowingly, voluntarily, and expressly waive any claim I may have against Shine Yoga. for injury or damages that I may sustain as a result of participating in the classes or programs.
5. I understand that Shine Yoga is in no way responsible for the safekeeping of my personal belongings while I attend classes or programs.
6. I, my heirs, or legal representatives forever release waive, discharge, and covenant not to sue Shine Yoga for any injury, property loss, or death caused by their negligence or other acts.

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 participant is under 18:

As legal guardian of: _____, I consent to the above terms and conditions.

Signature of Parent/Guardian: _____ Date: _____