



New Student Information

Name _____ Phone _____ Date _____
Address _____
City, State, Zip _____ DOB _____
Email _____ EDD _____
How did you hear about us? _____

Agreement of Release and Waiver of Liability

I _____ (print name) understand that yoga includes physical movements as well as an opportunity for relaxation, stress reduction and relief of muscular tension. I understand I will receive information and instruction; including verbal and physical adjustments about yoga and health. As with the case with any physical activity, the risk of injury for mother and unborn child, even serious or disabling, is always present and cannot be entirely eliminated. It is my responsibility to consult with a physician prior to 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. I am aware that I may be physically adjusted. I agree to take full responsibility for any risks, loss, claim, injury, damage or liability, known or unknown, which I might incur as a result of participating in the program.

Yoga is not a substitute for medical attention, examination, diagnosis, or treatment. Yoga is not safe and is not recommended under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I knowingly, voluntarily and expressly agree to accept full responsibility and assume the risk for my use of or participation in any and all classes, activities, apparatus, appliance, facility privilege or service, of any nature, which is owned or operated by CAP Wellness Center or the Birth Education Center, Inc. While engaging in any class or activity operated, organized, arranged or sponsored by CAP Wellness Center or the Birth Education Center, Inc., its employees, representatives and agents, forever harmless from any and all loss, claim, injury, damage or liability sustained or incurred by me. I specifically agree to indemnify and hold harmless the CAP Wellness Center or the Birth Education Center, Inc. as to any loss, cost, claim, injury, damage or liability, sustained or incurred by participating in the classes, or through my use of the facilities or equipment of CAP Wellness Center or the Birth Education Center, Inc. which is caused by an act or omission, whether negligent, intentional, or otherwise of an employee, representative or agent of CAP Wellness Center or the Birth Education Center, Inc.

I, my heirs, or legal representative forever release waive, discharge and covenant not to sue CAP Wellness Center or the Birth Education Center, Inc. for any injury or death caused by my participation in the yoga class or any other activity. My signature below constitutes full acceptance of this waiver.

I have read the release and waiver of responsibility and fully understand its consent. I voluntarily agree to the terms and conditions stated above.

Signature of Participant _____ Date _____

Emergency Contact:

Name _____ Phone _____