

WELCOME TO BALANCE YOGA

Registration and Waiver

Name: _____

Address: _____

Phone: _____ Birthday: _____

**E-mail: _____

**Please be sure to fill in your e-mail address, as this is how we will keep you informed of schedule changes and other studio updates.

Yoga Experience: _____

Injuries, illnesses or medical conditions: _____

Emergency contact: _____ Phone: _____

How did you hear about Balance? _____

In consideration of an as inducement to your enrollment as a student of Balance Yoga, 3215 Caines Hill Place, Atlanta, GA 30305, you represent and agree as follows:

- 1) I have been examined by a licensed physician within the past six months and have been found by such physician to be in good physical health and fully able to perform all yoga exercises which I am to learn during enrollment with Balance Yoga, LLC.
- 2) I will faithfully follow all instructions given me by Balance Yoga and its instructors as to when, where and how to perform and not to perform yoga postures; any deviation by me from such instructions shall be at my own risk.
- 3) I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which might occur as a result of participating in the classes at Balance Yoga. I will not hold Balance Yoga, LLC, its members, instructors or employees responsible for any injuries suffered by me.
- 4) I understand and acknowledge that I am to receive instructions in yoga theory and postures only, and I will not hold Balance Yoga, LLC, or its members, instructors or employees to any higher standard of care.

Signature and date _____



BALANCE
YOGA