

The Infinity Studio

Student Registration and Waiver

Please note: All information on this form is kept confidential

Name: _____

Cell Phone _____ Birthday _____

Address: _____ City, State, Zip _____

*Email: _____

* Please be sure to fill in your e-mail, so that we can inform you of schedule changes and other studio updates.

Injuries, illnesses or medical conditions (Please list and tell your instructor):

Emergency contact: _____ Phone: _____

How did you hear about The Infinity Studio? _____

Yoga Experience: _____

What do you hope to gain from these classes?

I, the undersigned, understand that Yoga is not a substitute for medical attention, examination, diagnosis or treatment. I am aware of the physical risks involved with any physical activity program, including yoga. I understand that it is my responsibility to consult with a physician prior to my participation. I have no medical condition (e.g., cardiac illness, later stages of pregnancy, post – surgery) which would prevent me from taking part in yoga classes or workshops offered by ABC Yoga LLC at The Infinity Studio or other venues, and I assume responsibility for any risk or injury I may sustain as a result of my participation. I will listen to my body during class and not attempt poses or movements that are uncomfortable or painful.

I accept that neither Cathy Hauck of ABC Yoga LLC, nor The Infinity Studio is liable for any injury or damages, to person or property, resulting from participating in yoga classes or workshops offered by ABC Yoga LLC at The Infinity Studio or other venues. I have read the above waiver of liability and agree to the terms and conditions stated above.

Signature

Date