



5623 University Way NE, Seattle, WA, 98105

 **New Student Special!** 
Three Yoga Classes for \$30

Thank you for your interest in **InsideOut Yoga**. Welcome.

Please fill out this form and bring it with you to your first class.

Name _____ Birthday _____

Mailing Address _____

City _____ State _____ Zip _____

Email Address _____

Phone _____

Emergency Contact _____

List all physical limitations, concerns and injuries _____

What do you most want to get out of your yoga class? _____

How did you hear about InsideOut Yoga? _____

WAIVER OF LIABILITY/INFORMED CONSENT

This document affects your legal rights. You must read and understand it before signing it.

I, _____, have enrolled in a program of physical activity including but not limited to various yoga and meditation exercises offered by InsideOut Yoga. I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in this exercise program. I also understand it is my responsibility to consult with a physician prior to and regarding my participation in yoga classes, workshops and health programs.

In consideration of my participation in InsideOut Yoga's exercise program; I, _____, for myself, my heirs and assigns, hereby release InsideOut Yoga (its employees, subcontractors and owners), from any claim, demands and causes of action arising from my participation in the exercise program.

I fully understand that I may injure myself as a result of my participation in InsideOut Yoga's exercise program and I, _____, hereby release InsideOut Yoga from liability now or in the future including but not limited to heart attacks, muscle strains, pulls, tears, broken bones, shin splints, cardiac arrhythmia, knee, lower back or foot injuries and any other illness, soreness or injury however caused, occurring during or after my participation in the exercise program.

I hereby affirm that I have read and fully understand the above.

Signature _____ Date _____