

**RHYTHM OF YOGA**

**STUDENT WAIVER AND INFORMATION FORM**

**Name** \_\_\_\_\_ **Preferred Phone Number** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Emergency Contact Name and Number** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**How do you want the class to help you?** \_\_\_\_\_

**Disclaimer:** *RHYTHM of YOGA* is not responsible for any injury (or loss of property) to any person suffered while participating in activities offered by *RHYTHM of YOGA* for any reason whatsoever.

I have voluntarily enrolled in a program of instruction in either yoga or other fitness activities offered by *RHYTHM of YOGA*. I have been informed and acknowledge that *RHYTHM of YOGA* makes no claims as to medical results, which can or may be obtained through participation in this program of instruction or *RHYTHM of YOGA* facilities and/or equipment.

*RHYTHM of YOGA* has neither suggested nor will suggest any medical treatment to participants. Participants are instructed not to act on the advice given by unlicensed employee, agent or contractor of *RHYTHM of YOGA* until and unless such advice has been verified with a licensed professional or physician.

I acknowledge that I have either had a physical examination and have been given my physician’s permission to participate in fitness activity or in the use of exercise equipment or that I have decided to voluntarily participate in a yoga or fitness program which will be designed and administered by *RHYTHM of YOGA* and staff, based upon what they, in their professional judgment feel is appropriate, without the approval of my physician.

In consideration of being allowed to participate in the activities and programs of *RHYTHM of YOGA* and to use its facilities, equipment, in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge *RHYTHM of YOGA*, its directors, employees, contractors, landlords, or any owner from any and all claims, demands, rights of actions, or causes of action, present or future, whether known or unknown that may come about as a result of my participation in those program of instruction or use of yoga, or other fitness programs, equipment or facilities, that may be made by me, my family, estate, heirs, or assigns. I affirm that I am of legal age or am a parent or adult guardian representing a minor and am freely signing this agreement.

**Permission to Use Photograph:** I grant to *RHYTHM of YOGA*, its representatives and employees the right to take photographs of me and my property in connection with activities and classes. I authorize *RHYTHM of YOGA*, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that *RHYTHM of YOGA* may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publically, illustration, advertising and Web content.

\_\_\_\_ **I Consent**

\_\_\_\_ **I Do Not Consent**

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_