

Name: \_\_\_\_\_ Date of Birth/Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Phone of Emergency Contact: \_\_\_\_\_

Do you have any physical limitations that could be aggravated by exercise (i.e. back, neck, shoulder or knee problems)?

If so please explain: \_\_\_\_\_.

It is your responsibility to inform the instructor of your limitations before class begins.

I represent and warrant that I am in good physical health and do not suffer from any medical condition which would limit my participation in the classes offered by SKY North America. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any of the yoga classes, programs, or workshops. I understand the risks associated with the activities offered by SKY North America. and I agree to follow all instructions so that I may safely participate in classes, workshops, or other activities.

I hereby WAIVE AND RELEASE SKY North America, its owners, officers, employees, and instructors from any claim, demand, cause of action of any kind resulting from or related to my participation in the programs offered at the facility in taking part in the yoga classes, workshops, or other activities at SKY North America. I understand and acknowledge that I am fully responsible for any and all risks, injuries, or damages, known or unknown, which might occur as a result of my participation in the classes, workshops, or other activities.

I have read the above release and waiver of liability and fully understand its content. I am legally competent to sign and voluntarily agree to the terms and conditions stated above.

Please practise mindfully and enjoy the many benefits of practising yoga with SKY North America.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

If participant is under 18: As parent or legal guardian of \_\_\_\_\_ I consent to the above terms and conditions.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_