

Date

First Name		_ M.I Last No	ame	
Address _				
City, State	, Zip			
Phone	Email			
Sign up foi	E-Mail Newsletter? YES NO			
How did y	ou hear about us?			
Emergenc	y Contact Name		Phone	
Medical C	onditions / Injuries			
Have you	practiced yoga before? YES NO		3	
WAIVEROF	LIABILITY			
I unders in yoga	nize that yoga involves physical exert tand that I must judge my own capo classes and/or workshops taught at , injuries or damages, known or unkn	abilities with respec Revolver Yoga Stud	t to practicing yoga. By m lio, I agree to assume full	ny participation
in yoga. my full p I begin d	tand that it is my responsibility to cor I represent and warrant that I am ploarticipation in yoga classes. I ackno a class of any injury or other condition or immediately if an injury occurs duri	hysically fit and hav wledge that it is my n that might affect	ve no medical condition volves responsibility to inform the	which would prevent ne instructor when
Courtne or other	irs or representatives release, waive, ey Morgan and their officers, employ acts. I knowingly, voluntarily and exp or injuries or damages that I may sust	ees and agents for pressly waive any c	any injury caused by the laim I may have against F	ir negligence Revolver Yoga
4. I have c	arefully read this waiver and release	e, fully understand c	ınd voluntarily agree to th	ne above.
	Participant		Date)
	nder 18: legal guardian of	I conse	nt to the above terms and	d conditions.

Parent/Legal Guardian Signature