



yoga4all

8836 Seminole Boulevard
Seminole, FL 33772
www.yoga4all.com

Please PRINT 2017/2018 Please PRINT

Internal Use: Staff _____
Entered into MBO _____
WLSent Yes Date: _____
PN _____ Rx _____

Name: _____ Sex: M F N/A

Address: _____

City, State: _____ Zip: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Your E-Mail: _____ Birth Date: ____/____/____

Emergency Contact: Name: _____
Phone: _____

How were you referred to Yoga4All? Friend Family Advertisement Sign Internet Other _____

Name of family, friend or advertisement _____

Did a physician recommend this class for you? Yes No Name of Physician _____

Have you ever taken yoga classes before and if so how long ago has it been? _____

Why are you taking Yoga?: Stress Relief Exercise Energy Flexibility Balance Other _____

Do you have any physical limitations or conditions you need to bring to our attention: Yes No

If Yes what are they? _____

PLEASE PRINT

Agreement of Release and Waiver of Liability

I, _____, hereby agree to the following:

1. I am participating in yoga classes, health programs, workshops and/or other wellness, body work, therapy, exercise and healing arts activities during which I may receive information and instruction about yoga, wellness and health (collectively, the "Activities") offered by Serene Body Care, LLC, dba Marty Maddox, dba Yoga4All, dba Serene Body Massage and/or its owners, managers, teachers, workshop presenters, employees and independent contractors (collectively, the "Studio").
2. I recognize that I must be in adequate physical and mental health to participate in the Activities. I understand that the Activities may require intense physical exertion, and represent and warrant that I am physically fit enough to participate and I have no medical condition which would prevent my full participation in the Activities. I recognize that the Activities may cause or aggravate a physical injury or medical condition. I understand that it is my responsibility to consult with a physician before my participation in the Activities. If I have done so, I have taken the physician's advice. I understand that the Studio reserves the right to refuse my participation in any Activity on medical, fitness or any other grounds.
3. I am aware that my participation in the Activities could result in high blood pressure, fainting, heartbeat disorders, physical injury, heart attack or stroke and may aggravate pre-existing injuries. I understand that I could experience muscle, back, neck and other injuries as a result of my participation in the Activities. I understand my physical limitations and I am sufficiently self-aware to stop or modify my participation in any Activity before I become injured or aggravate a pre-existing injury. I am aware Activities may occasionally involve physical contact with an instructor or other participant and it is my responsibility to inform the instructor if I am uncomfortable with this physical contact with me.
4. In consideration of being permitted to participate in the Activities, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the Activities at the Studio, including those which may result from the negligence of the Studio.
5. In further consideration of being permitted to participate in the Activities, I knowingly, voluntarily and expressly waive any "Claim" (as defined below) I may have against the Studio, its owners, managers, teachers, instructors, workshop presenters, employees, independent contractors, staff and landlord(s) (each, a "Released Party") that I may sustain as a result of participating in the Activities at the Studio even if the Claim arises from the negligence of any Released Party or anyone else. I agree to indemnify and hold harmless each Released Party from any loss, cost, or liability incurred in defending any Claim made by me or anyone making a Claim on my behalf, even if the Claim is alleged to or did result from the negligence of any Released Party or anyone else. "Claim" includes but is not limited to any and all liabilities, claims, demands, expenses, fees, legal actions, rights of actions for damages, personal injury, mental suffering and distress, or death that I may suffer, my spouse, children or unborn child may suffer (including any legal fees or expenses) in connection with participation in any Activity.
6. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue any Released Party for any Claim caused by any negligence or other acts of a Released Party.
7. I hereby understand that the Studio from time to time may photograph, video, or otherwise record classes or events occurring at its studios and place such photographs, videos or other electronic media on its Website or other Social Media. I hereby consent to the use of my image or voice that may appear in any such photograph, video or other electronic media.
8. I hereby grant permission for the Studio to add my name to the email list generated by the Studio for internal and studio use only. I acknowledge I have the right to "unsubscribe" at any time I choose. I acknowledge the complete Privacy Policy for the Studio is found on the website @ <http://yoga4all.com/about/privacy-policy/>.
9. This agreement shall be construed in accordance with, and governed by, the laws of the State of Florida and that all actions, suits, claims and proceedings relating to this agreement shall be brought in a court of competent jurisdiction located in Pinellas County. In case any provision of this agreement shall be held invalid, illegal or unenforceable, it shall not affect any other provision of this agreement and this agreement shall be construed as if such provision had never been contained herein. I acknowledge that I have carefully read this agreement and fully understand its contents. I voluntarily and knowingly agree to the terms and conditions stated herein. I am aware that by signing this agreement, I am giving up substantial rights, including my right to sue and certain legal rights my heirs, next of kin, executors, administrators and assigns may have against any Released Party.

I have read the above Release and Waiver of Liability and fully understand its contents and knowingly and voluntarily agree to the above-stated terms and conditions.

➡ DATE _____ SIGNATURE OF PARTICIPANT _____

➡ DATE _____ SIGNATURE OF PARENT OR GUARDIAN IF UNDER 18 YEARS OF AGE _____