

Aerial Yoga Registration (waiver)

Nature's Fountain

Name _____

Address:

Home # _____ Cell # _____ Email: _____

Birth date: _____ Male/Female: _____ Height _____

Weight: _____

Class Time: _____ Day: _____

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I _____ hereby agree to the following:

1. That I am participating in Yoga/Aerial classes during which I receive information and instruction about Yoga/Aerial and health. I recognize that yoga requires physical exertion, which may be strenuous and may cause physical injury and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the yoga classes. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in the yoga classes.
3. In consideration of being permitted to participate in the yoga classes, 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 Program.
4. In further consideration of being permitted to participate in the Aerial yoga classes, I knowingly, voluntarily and expressly waive any

claim I may have against Nature's Fountain and/or my yoga instructor or that I may sustain as a result of participating in the Program.

5. I, my heirs, or legal representatives' forever release, waive, discharge and covenant not to sue Nature's Fountain and/or my yoga instructor for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Date _____

Signature of participant.

