

Vital Health Yoga Centre

Registration Form

Name _____

Address _____

Phone H _____ W _____

e-mail address _____

Medical Problems _____

Previous Yoga
Experience _____

Dates & Times of
classes _____

Where did you find out about the Vital Health Yoga Centre? _____

Note: No refunds after the first class. A receipt will be issued on request.

Please turn over, read and sign

Release and Waiver of Liability

In consideration of the use of the facilities of VITAL HEALTH YOGA CENTRE by me, the undersigned, I hereby release and forever discharge VITAL HEALTH YOGA CENTRE, David Thomas and any instructors, teachers or other persons using the VITAL HEALTH YOGA CENTRE facilities (collectively the "VITAL HEALTH YOGA CENTRE") from any and all liabilities of any kind or nature whatsoever and without limiting the generality of the foregoing, I hold the VITAL HEALTH YOGA CENTRE harmless and blameless for any damage and injury to myself or to any person or property resulting from (a) any advice or act, or lack thereof, including without limitation the selection or adjustment by VITAL HEALTH YOGA CENTRE of any equipment and/or (b) the use of any equipment and the facilities by me. I accept sole responsibility for any and all such damage or injury even if caused or contributed to by the negligence of VITAL HEALTH YOGA CENTRE.

Hatha Yoga classes, workshops, intensives and study groups include techniques and exercises for developing strength and flexibility, endurance, stamina, relaxation, concentration, and breath awareness. These classes may include the use of equipment in support of the above techniques (mats, belts, pillows, blankets, ropes, benches, etc.) I acknowledge and understand that a risk of personal injury may be involved in the exercises. I therefore agree to follow instructions carefully. I agree to take full responsibility for not exceeding my limits in the practice of yoga, and for any injury or discomfort I might experience in the practice of yoga. I accept that it is my responsibility to ascertain if there are any medical reasons why I should not study and practice yoga. I understand that I may injure myself during yoga class.

This release and waiver of liability shall be binding upon me, my heirs, executors, administrators and assigns.

I have read, fully understand and agree to the above release and waiver of liability and certify that the information contained on the Registration Form is correct.

Signature ----- Date-----