

Beatrice Halstead, Certified Yoga Instructor
Registration and Release Waiver of Liability

Name _____ Date of Birth _____
Address _____ City _____ ST _____ Zip Code _____
Home # _____ Cell # _____ Email _____
Referred By _____

Emergency Contact Information:

Name _____ Relationship _____
Phone Number _____

In consideration of and as inducement to enrolling as a student with Beatrice Halstead, Certified Yoga Instructor, I represent and agree to the following:

- 1) I have been examined by a licensed physician during the past six months and been focused by such physician to be in good health and fully able to perform all yoga exercises which I am to learn and perform during my enrollment with you.
- 2) I will faithfully follow all instructions given me, by you and your instructors as to when, where and how to perform and not to perform yoga exercises, it being understood that any deviating by me from such instruction shall be at my own risk.
- 3) I will not hold you, your partners, instructors, employees or landlord responsible for any injuries suffered by me caused whole or in part by my failure to faithfully follow instructions of you or your instructors or by any physical impairment of mine not fully disclosed to you in writing.
- 4) I knowingly, voluntarily and expressly waive any claim I may have or acquire against Beatrice Halstead or the landlord for any injury, condition or damages that I may sustain as a result of entering or being on the premises, use of the facilities, including but not limited to the Yoga studio, Yoga practice area, changing rooms, showers, restrooms and entering or leaving the building.
- 5) I, my heirs or legal representative, forever release, waive, discharge and covenant not to sue Beatrice Halstead or the landlord for any injury, condition or death which may arise or is caused or aggravated by reasons of my participation in the yoga classes, workshops and other programs.
- 6) The tuition paid herewith and such registration fees paid hereafter are non-refundable. Such refunds if any, as are made shall be entirely within the discretion of Beatrice Halstead.
- 7) It is my continuing responsibility to inform the instructor(s) of any previous medical conditions, injuries, or surgeries prior to my first class and at other such time as I acquire information as to same. On the bottom of this paper I have stated any previous conditions, ailments, injuries and/or surgeries.
- 8) I will not hold Beatrice Halstead liable for any personal possessions that may be lost or stolen.

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

Signature _____ Date _____

Please list any previous and/or current conditions, ailments, injuries and/or surgeries:
