

**YOGA CHAPEL NEW STUDENT FORM
AGREEMENT OF RELEASE & WAIVER OF LIABILITY**

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ Apartment #: _____

City, State/Province, Zip Code: _____

Home Phone: _____

Date of Birth: _____ Email: _____

Emergency Contact Name: _____ Phone: _____

Medical conditions or injuries we should know about: _____

What is your yoga background and how long have you been practicing? _____

Waiver of Liability

1. I recognize that yoga involves physical exertion which may be strenuous and may cause physical injury, and that I must judge my own capabilities with respect to practicing yoga. By my participation in classes and/or workshops taught by Chapel Yoga, I agree to assume full responsibility for any risks, injuries or damages that I might incur in such practice.

2. I understand that it is my responsibility to consult with a physician regarding my participation in yoga. I represent and warrant that I am physically fit and have no medical condition which would prevent my participation in yoga classes. I acknowledge that Yoga Chapel has not and will not render any medical services including medical diagnosis of my physical condition.

3. I, my heirs or representatives release, waive, discharge and covenant not to sue Yoga Chapel, Bethel Lee, its teachers nor any of the churches that partner with Yoga Chapel for any claim, demand, cause of action of any kind whatsoever for, or on account of death, personal injury, property damage or loss of any kind resulting from or related to my participation in Yoga Chapel events or activities.

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

Signature of Participant: _____ Date: _____

IF PARTICIPANT IS UNDER 18 YEARS OF AGE: AS LEGAL GUARDIAN OF _____, I
CONSENT TO THE ABOVE TERMS AND CONDITIONS.

Signature of Participant's Parent/Guardian: _____ Date: _____