



First Name _____ Last Name _____

Cell Number _____ Home _____

Address _____

City _____ State _____ Zip _____

Birth Date _____ Email: _____

Emergency Contact: _____ Phone _____

How did you hear about us? Website Walk-In Coupon/Ad Other Referral (Name) _____

Please list any injuries, ailments or conditions you have present/past:

Release & Waiver of Liability: I recognize that yoga classes are voluntary and involve physical exertion which could cause bodily injury. I certify that my level of physical condition determined by my physician and myself will allow me to safely participate in classes at the studio. I certify that I am voluntarily participating in these activities and I assume all risks, consequences, and potential liability for this participation. I also understand that, individually and on behalf of my heirs, assigns or any other associated party ("Relatives"), I hereby release Be One Yoga, LLC and its instructors from responsibility for any injuries I may receive as a result of participation in any program/classes offered at Be One Yoga, LLC. Be One Yoga, LLC is not liable for any loss or damage to personal property.

I HEREBY RELEASE, WAIVE, DISCHARGE AND AGREE NOT TO SUE BE ONE YOGA, LLC AND YOGAKIDS INTERNATIONAL CORPORATION, AND ITS EMPLOYEES, INSTRUCTORS, VOLUNTEERS, AND THEIR SUCCESSORS, HEIRS AND ASSIGNS (JOINTLY "RELEASEES") FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES ON ACCOUNT OF ANY INJURY ARISING OUT OF THE ACTIVITIES.

Acknowledgement: I have carefully read this Waiver and Release and agree to all the provisions above. I fully understand its terms, without reservation and, accordingly, my Relatives and I are waiving substantial legal rights.

This document shall be valid for all future activities I may participate in.

Signature _____ Date _____

If under 18, parent or legal guardian signature required.

Parent or Guardian's Signature _____ Date _____

Instructors Use Only

Class Date:

Time:

Payment Method: Cash Check Credit Card Gift Certificate Other _____