

STUDENT INFORMATION + CLIENT WAIVER



Harmony Studios

workshops • YOGA • retreats
massage • reiki • smoothie bar

PLEASE PRINT CLEARLY!

NAME: _____ **PHONE #:** _____

ADDRESS **CITY** **ZIP CODE**

EMAIL: _____ *(for monthly newsletters and sales receipts)*

BIRTHDAY: _____ *(one free class per birthday!)*

HOW DID YOU HEAR ABOUT US?

- Word of mouth Drive by/knows area Another Client – who? _____
 Facebook Google Flyer Event – where? _____

SUGGESTIONS/REQUESTS? _____

EMERGENCY CONTACT INFORMATION

NAME: _____ **RELATIONSHIP:** _____ **PHONE:** _____

Wavier of Liability and Release Agreement:

I, (print name) _____, understand that Yoga includes physical movement, as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury – even serious or disabling – is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, discontinue the activity and ask for support from my instructor. I affirm that I alone am responsible for deciding whether to practice yoga and participation is at my own risk. I assume full responsibility for any and all damages which may incur through participation.

I understand that Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. By signing, I affirm that a licensed physician has verified my good health and physical condition to participate in such a fitness program. I am aware of any physical condition that I may have that would adversely affect or prevent my ability to perform exercise of this nature and will make the instructor aware of those conditions.

I hereby agree to release Harmony Studios, LLC. and all of its instructors, employees, management, members and affiliates from any and all claims that I have now or may have hereafter against Harmony Studios.

I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as a complete and unconditional release of all liability to the greatest extent allowed by law in the state of Ohio.

Signature of student (parent or guardian if under 18)

Date signed

Printed name of student (parent or guardian if under 18)

STAFF ONLY – sign and date