yoga4all
8836 Seminole Boulevard
Seminole, FL 33772
www.yoga4all.com

Please PRINT **2012** *Please* PRINT

Student Registration Form

Internal Use:
Teacher _____
PN_____ Rx_____
DB _____ CC_____
MBO _____ TC _____

Name: _____ **Sex: M F**

Address: _____

City, State: _____ **Zip:** _____

Work Phone: **Home Phone:** **Cell Phone:** _____

Your E-mail: _____ **Birth Date:** _____
PLEASE PRINT

Emergency Contact *Name*: _____ **Emergency Contact *Phone*** _____

How were you referred to the Yoga 4 All studio? (circle) Friend Family Advertisement Sign Internet

Name of family, friend or advertisement _____

Do you have a physician whom recommended this class for you? □ Yes □ No **Name of physician:** _____

Have you ever taken yoga classes before and if so how long ago has it been? _____

Why are you taking yoga?: **□Stress □Exercise □Energy □Sense of Well Being □Other** _____

Do you have any physical limitations or conditions you need to bring to our attention? **□ Yes □ No**

If so, what are they: _____

Agreement of Release and Waiver of Liability

I, _____ (please print your full legal name here) , hereby acknowledge the above and agree to the following:

1. That I am participating in the Yoga Classes, Health Programs or Workshops offered by Serene Body Care, LLC, dba Marty Maddox, dba Yoga4All, dba Serene Body Massage, her employees, contracted employees and/or agents during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved, and that it may occasionally involve physical contact with a teacher and/or another student. It is my responsibility to inform the instructor if I am uncomfortable with this physical contact with me.

2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any Yoga Classes, Health Programs or Workshops offered through Serene Body Care, LLC, dba Marty Maddox, dba Yoga4All, dba Serene Body Massage. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in these Yoga Classes, Health Programs and/or Workshops. I acknowledge that Marty Maddox, her employees, her contracted employees and/or agents have not and will not render any medical services including medical diagnosis of my physical condition.

3. In consideration of being permitted to participate in the Yoga Classes, Health Programs and/or Workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in any of the above-listed Programs.

4. In further consideration of being permitted to participate in the Yoga Classes, Health Programs and/or Workshops, I knowingly, voluntarily and expressly waive any claim I may have against Serene Body Care, LLC, dba Marty Maddox, dba Yoga4All, dba Serene Body Massage, her employees, contracted employees and/or agents on account of death, personal injury, property damage or loss of any kind resulting from or related to participants' use of the facilities as a result of participating in any of the above-listed Programs.

5. I, my heirs and/or legal representatives forever release, waive, discharge and covenant not to sue Serene Body Care, LLC, dba Marty Maddox, dba Yoga4All, dba Serene Body Massage, her employees, contracted employees and/or agents for any injury or death caused by their negligence or other acts within or outside the facilities.

6. I hereby grant permission to Serene Body Care, LLC, dba Marty Maddox, dba Yoga4All, dba Serene Body Massage to use my name and likeness in any electronic media, audio, video and/or still photo on the Studio's Website and for any other advertising purposes regarding yoga and/or studio classes associated with or through Yoga4All. I also grant permission to be added to the email list generated by yoga4all for internal and studio use only. I acknowledge I have the right to "unsubscribe" at any time I choose.

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

➡ _____ _____
DATE SIGNATURE OF PARTICIPANT

➡ _____ _____
DATE SIGNATURE OF PARENT OR GUARDIAN IF UNDER 18 YEARS OF AGE