



# Student Registration

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

How long have you practiced yoga? \_\_\_\_\_

Please list any injuries/physical limitations: \_\_\_\_\_

\_\_\_\_\_

I am aware that participation in physical activity or Yoga may result in accident or injury, and I assume the risk connected with the participation of Yoga. I am in good health and suffer from no physical impairment which would limit my use of the Seaside Yoga Sanctuary's facilities. I acknowledge that the Seaside Yoga Sanctuary has not and will not render any medical services including diagnosis of my physical condition. I shall not be liable 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 use of the facilities and participation in programs, within or without the building premises, and I agree to hold the Seaside Yoga Sanctuary harmless from same.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_

(GUARDIAN'S SIGNATURE REQUIRED IF UNDER 18.)

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_