



Class Registration

Name: _____

Street: _____ City, State _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail Address: _____

Birth Date: _____ Occupation: _____

Emergency Contact: _____ Relation to You: _____

Emergency Contact's Cell Phone: _____ Home Phone: _____

How did you first hear about Sana Vida? Client Friend Flyer Internet Newspaper

Have you practiced yoga before? Yes No Your current athletic ability: poor average good

Do you currently have any regular exercise routine? Yes No Not Regular

If yes, what is your routine? _____

Please list any conditions that may limit your yoga practice (I.e. arthritis, asthma, back/neck pain, knee/shoulder/other joint pain, cancer, diabetes, epilepsy, hernia, glaucoma, high/low blood pressure, heart disease, osteoporosis, pregnancy, scoliosis, surgeries, etc.):

Liability Waiver

Agreement of Release and Waiver of Liability

I agree to the following:

That I am participating in the Classes offered by Sana Vida, during which I will receive information and instruction. I recognize that these classes require physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Classes. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in the Classes. In consideration of being permitted to participate in the Classes, 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 the Class. I knowingly, voluntarily and expressly waive any claim I may have against Sana Vida LLC, its owners or any of the other teachers for injury or damages that I may sustain as a result of participating in the Class. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Sana Vida LLC, its owners or any of the other teachers for any injury or death caused by their negligence or other acts.

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

Signature of Participant: _____ Date: _____

If under 18, signature of legal guardian _____ Date: _____