

To Register for the Introductory Yoga Class, please print out this form, fill it out, and send it with a check for \$35 payable to:

Rose Yoga Center
1040-C Crater Lake Ave.
Medford, OR 97504

| New Student Form | Waiver of Liability/Informed Consent |
|---|---|
| Name _____ | <p>I, _____ have enrolled in a program of strenuous physical activity including but not limited to various yoga and meditation exercises offered at Rose Yoga Center. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any yoga class or workshop. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the classes or workshops.</p> <p>I recognize that the classes may require some physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.</p> <p>I hereby release Rose Yoga Center from any liability now or in the future for any injury or ailment, however caused, occurring during or after my participation in classes or workshops.</p> <p>In consideration of my participation in classes at Rose Yoga Center, I, for myself, my heirs, and assigns, hereby release Rose Yoga Center and its instructors from any claim, demands and causes of action arising from my participation in their classes or workshops.</p> <p>I have read the above waiver, and fully understand its contents.</p> |
| Address _____ | |
| City _____ State _____ Zip _____ | |
| Home Phone _____ | |
| Work Phone _____ | |
| Physical limitations, injuries, etc _____ _____ | |
| In an emergency contact _____ at _____ | |
| Where did you hear about Rose Yoga Center? _____ | |
| If you would like class updates, please provide your email address. It will not be shared, respecting you privacy and confidentiality. _____ | Signature _____ Date _____ |