

Synergize Yoga In Anoka

PLEASE PRINT



First and Last Name _____

HM Phone _____ Cell Phone _____

Email _____ Birthday _____

Address _____ City _____ State _____ Zip _____

Please list any personal Injuries or Restrictions. Please let your teacher know before class: _____

How did you discover Synergize? (Internet, Facebook, Friend, other) _____

Emergency Contact: _____ Phone # _____

I am aware that SYNERGIZE INC. is here to serve me by sharing knowledge of Yoga and health. I understand that the practice of Yoga and exercise involves physical movement, which may from time to time be strenuous, and that such practice carries some risk of injury. I also understand that I must judge my own capacities with respect to practicing yoga and exercises during any classes offered through SYNERGIZE INC.

I acknowledge that it is my responsibility to inform the instructor when I begin a class of any injury or other condition that might affect my ability to participate, and to inform the instructor immediately if any injury incurs during class. I understand that from time to time during classes through SYNERGIZE INC., the instructor may give hands-on assistance to facilitate the understanding of postural alignment. If I do not want such assistance, I will inform the instructor at each class I attend.

I hereby 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 classes and/or workshops of yoga, exercise, and/ or meditation offered through SYNERGIZE INC. I voluntarily waive any claim I may have against any person or entity in any way involved therewith, including without limitations, its principal, instructors, independent contractors, employees, agents and representatives and their successors and assigns.

I have carefully read the release, fully understand and agree to the above.

Date

Signature of participant

If participant is under 18:

As legal guardian of _____, I consent to the above.

Signature of Parent/Guardian _____ Date _____