



FIRST NAME: _____ AKA: _____ SURNAME: _____

ADDRESS: (street) _____ (city) _____ (postal code) _____

PHONE NO: (home) _____ (work) _____ CELL NO: _____

E-MAIL: _____ D.O.B. _____

EMERGENCY CONTACT NAME & PHONE NO.: _____

MEDICAL ISSUES/INJURIES

Health concerns, allergies, medications which instructors and supervisors need to be aware of are:

PREVIOUS YOGA EXPERIENCE/OTHER SPORTS:

Please read this portion of the form carefully. It affects your rights!

While every effort is made to ensure that the training is as safe for its participants as possible, it can involve strenuous physical activity, depending on your physical condition, and as a result there is a risk of injury. As it is impossible to avoid all risks of physical harm, all students who wish to join The Astanga Studio must sign the following Release form.

Release, Indemnity, Waiver and Voluntary Assumption of Risks

In consideration of my being allowed to participate in any events provided by The Astanga Studio, and in consideration of my being allowed to participate in classes, workshops, events or in any activities arranged by The Astanga Studio, I, for myself, my heirs, executors, administrators and assigns, do hereby voluntarily assume any and all risks, both known and unknown, associated with my participation in the training provided, and I hereby release and discharge the representatives of The Astanga Studio, their respective officers, employees, agents, instructors, coaches, members and representatives (hereafter collectively referred to as the "Releasees") from all and any claims, demands, actions, causes of action, costs or expenses in respect of death, injury, loss or damage to my person or property, however caused, arising out of or in connection with my attending, participating in, practicing for, or, receiving instruction, or arising out of or in connection with my traveling to or from any training, demonstrations or events, notwithstanding that the loss or damage may have been caused by or contributed to by the negligence, breach of contract, breach of duty of care as occupier of premises, or otherwise, of the Releasees or any of them.

Further, I certify that:

- 1. **I am in good physical condition and have no injury or disease that would increase the risk of physical injury arising from my participation in training.**
- 2. **No physician, nurse, therapist, or other medical expert or practitioner has advised me that I should not participate in any strenuous physical activities.**

Signed on this _____ day of _____ 20_____

Signature _____ Guardian _____ (if under 21 years)