

Welcome to The Power Yoga Tribe

New Student Registration/ Liability Waiver

(Please print clearly.)

Your Name _____ Phone(____) _____

Address _____

E-mail _____ Birthdate ____/____/____

Would you like to receive important e-mail updates about events & workshops?

YES _____ NO _____

Emergency Contact _____ Relationship _____

Emergency Contact's Phone (____) _____

How did you find out about PYT? _____

Medical History (Please list all injuries, surgeries, or medical restrictions)

How long have you been practicing Power Yoga?

First Time _____ Less than a month _____ 6-12 months _____ over 1 year _____

I acknowledge that yoga classes can be physically strenuous, and I voluntarily participate with full knowledge that there is risk to personal injury, property loss, or death. I am fully aware of the risk and hazards involved. I, my heirs, assigns, and/or legal representatives waive and release The Power Yoga Tribe, LLC and its teachers, assistants, and employees from any and all liability and responsibility from any injury, accident, illness, legal and medical fees sustained now or in the future resulting from my participation in any activity. I understand that I am giving up my rights to sue or make any claims of any kind whatsoever against The Power Yoga Tribe, LLC and its teachers, assistant, and employees for any personal injury, property damage/loss, or wrongful death, whether caused by negligence or otherwise. I agree to let The Power Yoga Tribe, LLC use my photograph, video, and/or waive any rights of compensation or ownership thereto.

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

Signature _____ Date _____

*If you are under the age of 18, your parent/guardian must sign and return this form prior to attending PYT classes.