



Registration and Release Form

Name: _____

Address: _____

City: _____

Postal Code: _____ Home #: _____

Email: _____ Alternate #: _____

Age: _____ How much yoga have you done? _____

Where did you take your previous classes?: _____

Where did you hear of this studio?: _____

In consideration of the acceptance by CREATING SPACE YOGA INC. of this application for participation in the program indicated below I, the undersigned, hereby release and forever discharge CREATING SPACE YOGA INC., its directors, officers, agents, and employees (including without limitation any teacher hired by CREATING SPACE YOGA INC.) and its or their successors, heirs, personal representatives, and assigns (the "Releasees") of and from all actions, causes of actions and claims of actions, causes of action and claims of every kind or nature whatsoever arising out of or in any way connected with my participation in the program described below and notwithstanding that the same may have been contributed to or caused by the negligence of the Releasees or any of them.

I acknowledge that yoga classes, workshops, intensives and study groups include techniques and exercises for developing strength, flexibility, endurance, stamina, relaxation, concentration and breath awareness. I also, acknowledge and understand that a risk of personal injury may be involved in such programs, and agree to follow instructions carefully. I further understand that such programs may involve the use of equipment such as mats, belts, pillows, blankets, etc.

Do you have any injuries or medical conditions that the teacher should be made aware of?

Yes _____ No _____

If yes, please specify _____

Signature: _____

Date: _____

THIS INFORMATION IS CONFIDENTIAL AND WILL NOT BE SHARED

Breath

Movement

Stillness