

INFORMATION FORM



Name: _____

Birthday: _____

Email : _____ Can we contact you by email? (circle) YES NO

Cell : _____ Can we contact you by text? (circle) YES NO

*** please note that if you say NO to text you will not be notified of last minute class changes**

Zip Code: _____ (you must have a local zip to receive FREE WEEK of Yoga!)

How did you hear about us? List name of member if from member? _____

Have you done yoga in the past? (circle) YES NO

Do you have any injuries we should be aware of? _____

Emergency Contact: _____ phone number: _____

Why did you come to B-1 Yoga? (circle one or ALL)

stress relief weight loss fitness balance flexibility strength being forced by a friend
meditation stillness spirituality mental clarity detox

RELEASE OF WAIVER LIABILITY

I represent and warrant that I am in good physical health and do not suffer from any medical conditions which would limit my participation in the classes offered at B-1 Yoga. I understand that it is my responsibility to consult with a physician prior to and regarding risks associated with the activities offered by B-1 Yoga and I agree to follow all instructions so that I may safely participate in classes, workshops, teacher training and other activities. I hereby WAIVE AND RELEASE B-1 Yoga LLC, its owners, officers, employees, and instructors from any claim, demand, cause of action of any kind resulting from or related to my participation in the programs offered at the facility. In taking part in the yoga classes, workshops, teacher training and other activities at B-1 Yoga, I understand and acknowledge that I am fully responsible for any and all risks, injuries, or damages, known or unknown, which might occur as a result of my participation in the classes, workshops or other activities. I have read the above release and waiver of liability and fully understand its content. I am legally competent to sign and voluntarily agree to the terms and conditions stated above.

COVID-19 LIABILITY WAIVER

I acknowledge the contagious nature of the Covid-19 and public health authorities recommend practicing physical distancing. I further acknowledge that B-1 Yoga has put in place preventative measures to reduce the spread of the Covid-19. I further acknowledge that B-1 Yoga can not guarantee that I will not become infected with the Covid-19. I voluntarily see serviced provided by B-1 Yoga and acknowledge that I am increasing my risk to exposure to the Covid-19. I acknowledge that I must comply with all the set procedures to reduce the spread while attending a B-1 Yoga class. I understand the risks associated with being in a public space and participating in the activities offered by B-1 Yoga. I am fully aware of these risks and hereby release B-1 Yoga, and/or any other persons who may teach at B-1 Yoga from any and all liability, negligence, or other claims arising from, or in any way connected with my participation in their yoga classes. I have read the above release and waiver of liability and fully understand its content. I am legally competent to sign and voluntarily agree to the terms and conditions stated above. This liability waiver and release extends to the studio together and with all owners, partners and employees.

Date: _____

Signature of participant

Date: _____

**Signature of parent or guardian if participant
is not over 18 years of age**