



## AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

Name: \_\_\_\_\_ Email: \_\_\_\_\_

**How did you hear about B-1 Yoga?** \_\_\_\_\_

Yelp\_\_\_ Google\_\_\_ Facebook\_\_\_ Instagram\_\_\_ Friend\_\_\_ Family member\_\_\_ Other (specify) \_\_\_\_\_

**If referred by a B-1 Member, who?** \_\_\_\_\_

Have you done yoga before? Yes \_\_\_\_\_ No \_\_\_\_\_

Why did you come to B-1 Yoga? *Please circle all that apply:*

Stress Relief   Weight Loss   Fitness   Balance   Flexibility   Strength   Being Forced by a Friend  
Meditation   Stillness   Spirituality   Mental Clarity   Detox

**Did you already sign up on the Mind Body App? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If yes, skip the information below. If no, please complete the information below.**

Date of Birth: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

***Please submit a valid email and cell number to ensure proper communication.***

***We will send a courtesy text in case of class changes or cancellations.***

***It is your responsibility to inform the instructor of your limitations before class begins.***

Do you have any injuries or physical limitations that could be aggravated by exercise (i.e. back, neck, shoulder or knee problems)? If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Name/Relationship: \_\_\_\_\_ / \_\_\_\_\_

Emergency Contact's Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

*I represent and warrant that I am in good physical health and do not suffer from any medical condition which would limit my participation in the classes offered at B-1 Yoga. I understand that it is my responsibility to consult with the 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, 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, or 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. Please practice mindfully and enjoy the many benefits of practicing yoga with B-1 Yoga.*

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**If participant is under 18, a parent or legal guardian must sign:**

As Parent or Legal Guardian of \_\_\_\_\_, I consent to the above terms and conditions.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Signed \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_