



## ***New Student Registration / Liability Waiver***

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

How did you find out about TYP?

Do you have any injuries that might affect your yoga practice? \_\_ Yes \_\_ No  
Please explain: \_\_\_\_\_

How long have you been practicing Power Yoga?  
First Time \_\_ Less than a month \_\_ 6-12months \_\_ over 1 year \_\_

Comments or Explanations of your Yoga  
experience: \_\_\_\_\_

Yoga can be a physically demanding activity. It is vitally important that you are in a physical condition that will allow you to participate without presenting danger to yourself or others. If you have any concerns that a health condition, injury, or previous lack of physical activity may put you at risk of personal injury or discomfort, please seek the advice of your physician before taking a class.

I, the undersigned, fully understand and agree to the following:

1. I am participating in a yoga class/workshop offered by The Yoga Project. I recognize that any physical exertion may be strenuous and may cause injury.
2. I am fully aware of the risk and hazards involved.
3. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in The Yoga Project classes/workshops.
4. I hereby state that I am physically fit and have no medical condition that would prevent my full participation in these classes / workshops.
5. I knowingly and voluntarily waive any claim I may have against The Yoga Project and its' instructors for injury or damages that I may sustain as a result of participation in these activities.
6. I agree to let The Yoga Project use my photograph, video, and/or audio taken or recorded during class for any purpose they deem necessary.

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

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_