



THE YOGA UNIT
... where yogis unite

665 E. Foothill Blvd., Suite A, Claremont, CA 91711 • Phone: 909.624.4800
Email: info@theyogaunit.com Website: www.theyogaunit.com

First Name (Print only)

MI

Last Name

Cell Phone

Home Phone

Email Address

Street Address

City

State

Zip

Date of Birth

Form of Payment: ___ Credit Card ___ Cash ___ Check Amount Paid \$ _____

How did you discover us?

___ Facebook ___ Yelp ___ Website ___ Friend/Family

Waiver of Liability

1. I recognize that yoga involves physical exertion, which may be strenuous and may cause physical injury. I understand that I must judge my own capabilities with respect to practicing yoga. By my participation in yoga classes taught at **TheYogaUnit**, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur in such practice.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in yoga. I represent and warrant that I am physically fit and have no medical condition which would prevent my full participation in yoga classes. I acknowledge that it is my responsibility to inform the instructor when I begin a class of any injury or other condition that might affect my ability to participate, and to inform the instructor immediately if an injury occurs during class.
3. I, my heirs or representative forever release, waive, discharge, and covenant not to sue **TheYogaUnit**,—owners, officers, employees, and agents—for any injury caused by their negligence or other acts. I knowingly, voluntarily, and expressly waive any claim I may have against **TheYogaUnit**, for injuries or damages that I may sustain as a result of participating in its yoga classes.
4. I agree that **TheYogaUnit**, is in no way responsible for the safekeeping of my personal belonging while I am at the studio.
5. I understand that instructors may physically adjust me for proper alignment or to help me do the pose better. If I feel uncomfortable, it is my responsibility to let the instructor know that I do not want to be touched.
6. In the event that this waiver needs to be produced, a copy of the original will suffice.
7. I have carefully read this waiver and release, fully understand, and voluntarily agree to the above.

I agree the monthly reoccurring membership with The Yoga Unit (*30 day cancellation notice required)

Signature of Participant

Date

IF PARTICIPANT IS UNDER 18 YEARS OF AGE:

Signature of participant's parent/guardian

Date

NEXT PAGE →



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Email: info@theyogaunit.com Website: www.theyogaunit.com

Emergency Contact Information:

Contact's First and Last Name

Relationship

Cell

Home

Reviewed by *TheYogaUnit*: _____ (Initials and date)