

YOGA CLASS PARTICIPANT INTAKE FORM



Name _____

Address:

Home # _____ Work # _____ Email: _____

Birth date: _____ Male/Female: _____ Marital Status: _____

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I _____ hereby agree to the following:

1. That I am participating in Yoga classes during which I receive information and instruction about Yoga, meditation and health. I recognize that yoga requires physical exertion, which may be strenuous and may cause physical injury and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the yoga classes. I represent and warrant that I am physically fit and/or have notified the instructor on all and any medical conditions which would prevent my full participation in the yoga classes.
3. In consideration of being permitted to participate in the yoga classes, I agree to assume full responsibility for any risks, injuries, or damages known or unknown, which I might incur as a result of participating in the Program.
4. In further consideration of being permitted to participate in the yoga classes, I knowingly, voluntarily and expressly waive any claim "Claims" includes but is not limited to any and all liabilities, claims, demands, legal actions, rights of actions for damages, personal injury or death in connection with participation in the Activity. "Released Party" means NuReveal Yoga (parent company), Tri-ology WellBeing, Lissette Viruet, Erickjohn Kunst and any other individuals teaching the class or the administrators of the companies or any of its affiliates, franchisees and their respective representatives, directors, officers, agents, employees or volunteer staff, owner (s) of the location(s) where classes are held. Limitations of damages are limited only to the amount used currently by the client for classes if paid individually up to the day of the incident. Otherwise, if paid in advance, damages are limited to the amount of unused sessions.
5. I, my heirs, or legal representatives forever release, waive, discharge and covenant not to sue Released Party and/or my yoga instructor for any injury or death caused by their negligence or other acts.
6. I am aware that the Activity is conducted in the nude. It is understood between the parties that, with respect to the services to be rendered by Released Party and performed/received by client, such services shall require both parties to appear nude, and/or semi-nude. At no time will any acts of sexual contact be performed by Released Party and/or Client.
7. I understand and am aware that during Activity that non-sexual touch (TOUCH TRAINING) may be used to correct alignment and/or to focus my concentration on a particular muscle area to be targeted. If I feel uncomfortable or experience any type of discomfort with Touch Training, I will immediately request that my trainer discontinue using this technique.

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

Date _____

Signature of participant.