

Yoga Rebellion
133 E. Atlantic Ave, Haddon Heights NJ 08035
Student Registration

Name: _____

Address: _____

Cell Phone _____

Emergency Contact Info: _____

Email: _____

Birthday: month: _____ day: _____

Injuries or things we should be aware of: _____

Agreement to release and waiver liability:

I verify that I am participating in yoga classes voluntarily and that I am physically fit to participate in these classes. I acknowledge that participation in yoga requires physical exertion and is strenuous. I agree that I am physically fit and/or have been cleared by a physician to participate in yoga classes. If I am no longer physically fit or am advised to discontinue classes by a physician or medical provider I will immediately notify YR and discontinue my practice.

I understand, accept, and assume all risks known, or unknown, and potential for injury or illness from yoga classes. In the event that I am injured or sustain illness from classes, I will indemnify and hold Yoga Rebellion harmless from any and all liability or damages, known or unknown, that I may have now, in the past, or in the future against Yoga Rebellion.

Signed: _____ Date: _____

Parent/Guardian: _____ Date: _____