

MEDITATION and YOGA

REGISTRATION FORM

NAME:

ADDRESS: _____

DOB: _____

HOME AND CELL PHONE: _____

E-MAIL: _____

EMERGENCY CONTACT AND PHONE #: _____

HEALTH CONCERNS/RESTRICTIONS:

HEALTH GOALS:

I hereby retain Barbara Piotrowski to provide me with instruction in various exercises, techniques and therapies (“Meditation and Yoga Instruction”). I understand and acknowledge that Yoga Instruction includes physical activities, which could be difficult and may entail the risk of physical injury. I assume the responsibility to consult with a physician and/ or obtain advise as I consider reasonable and necessary, to determine that I am able to engage in these activities.

I fully assume all risk of physical injury and release Barbara Piotrowski from any and all liability for injury, which I may suffer while engaging in Meditation and Yoga Instruction. I also agree to defend, indemnify and hold Barbara Piotrowski harmless from any claims that may be asserted by myself or anyone as a result of any such injury. This release is binding upon me and all whose rights arise (directly or indirectly) from or through me.

Signed: _____

Date: _____