

New Student Liability Form

First Name:
Last Name:
Address:
City, State/Province, Zip:
Home Phone:
Date of Birth:
Email:
Emergency Contact Name & Phone Number:
How did you hear about us?
Medical conditions or injuries we should know about:
What is your yoga background and how long have you been practicing?
Please list any allergies:
I,

the spine and the entire skeletal system. They also work on the internal organs, glands and nerves. Yoga incorporates sustained stretching to strengthen muscles and increase flexibility.

Yoga is an individual experience. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. My signature acknowledges I understand that in yoga class I will progress at my own pace. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly. If at any point I feel overexertion or fatigue, I will respect my body's limitations and I will rest before continuing yoga practice.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against CFL Sunlight, LLC.

By signing my name below, I acknowledge that participation in yoga classes at Sunlight Yoga exposes me to a possible risk of personal injury. I am fully aware of this risk and hereby release Sunlight Yoga from any and all liability, negligence or other claims arising from or in any way connected with my participation in yoga class.

My signature further acknowledges that I shall not now or at any time in the future bring any legal action against CFL Sunlight, LLC; and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors and my assigns. My signature verifies that I am physically fit to participate in yoga classes and a licensed medical doctor has verified my physical condition for participation in this type of class.

If I am pregnant or become pregnant or am post-natal, my signature verifies that I am participating in yoga classes with my doctor's full approval. I realize that I am participating in yoga classes at my own risk.

My signature is binding to this liability waiver from this day forth.

I hereby agree and covenant not to make a claim against, sue, or attack the property of CFL Sunlight, LLC. DBA Sunlight Yoga, or any of its affiliates. I also agree to irrevocably release and waive any claims I have now or may have hereafter against CFL Sunlight, LLC, its owner, instructors, or participants. CFL Sunlight, LLC is not responsible for any personal articles. I have read the above release and waiver of liability, and I understand its contents. I agree to the terms and conditions stated above.

Photo, Media and Copyright Release

I grant CFL Sunlight, LLC my permission to photograph, videotape, and/or audiotape myself and/or my child during activities at Sunlight Yoga. These photographs/videos/audios will remain the property of Sunlight Yoga and may be used in advertising or marketing campaigns on Sunlight Yoga's websites, and for promotional and informational material including, but not limited to, flyers, brochures, newsletters, emails, advertisements, newspaper articles, TV or cable interviews/promotions. I understand my child will NOT be identified by name unless I give my express permission. I hereby waive and release on behalf of my child, any rights to compensation for, or ownership of, such images and/or sounds.

I have read and agree to the terms and conditions of this Pho (initials of parent/guardian)	oto, Media, Copyright and New Student Waiver/Release:
Signature of Participant:	Date:
Guardian's signature (if under 18)	