



Student Information Sheet

Please fill out completely before you participate in a class offered by Shine Yoga Studio, LLC

Name: _____

Address: _____

Phone: _____

Email: _____

Birthday: _____

Emergency Contact Name & Number: _____

Have you ever participated in yoga? YES NO

Do you have any medical restrictions or conditions? YES NO

If YES, please explain: _____

What are your goals in yoga? _____

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY FORM

I, _____, am participating in yoga classes offered by Shine Yoga Studio, LLC. during which I will receive information and instruction about yoga and health. I recognize that yoga may require some physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of and accept the risks and hazards involved.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in yoga classes offered by Shine Yoga Studio, LLC. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in yoga classes offered by Shine Yoga Studio, LLC.

In consideration of being permitted to participate in yoga class, 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.

In further consideration of being permitted to participate in yoga classes offered by Shine Yoga Studio, LLC, I knowingly, voluntarily, and expressly waive any claim I may have against Shine Yoga Studio, LLC., its owners, as well as Colleen Smith, Scott Smith, Ballet Palm Beach, and The Esther Center, for any injury or damages that I may sustain as a result of participating in the program. I, my heirs or legal representatives, forever release, waive, discharge and covenant negligence or other acts. 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. I am legally competent to sign and voluntarily agree to the terms and conditions stated above.

Print name: _____ Signature: _____

Date: _____

If participant is under 18: As Parent or Legal Guardian of _____,

I consent to the above terms and conditions. Print name: _____

Signature: _____ Date: _____

