

FOR OFFICE USE ONLY	NOTES	
	CARD ISSUED	RECEIPT ISSUED

BYSURREY CONSENT AND WAIVER FORM

First name		Last name	
Apt #	Street address	City	Postal code
Phone #:		<input type="checkbox"/> cell <input type="checkbox"/> land line	DOB: MM/DD/Year
Email: _____@_____			<input type="checkbox"/> Male <input type="checkbox"/> Female
How did you hear about us?		Occupation:	
EMERGENCY CONTACT NAME		EMERGENCY CONTACT PHONE	

Have you done yoga before? **NO** or *specify a style:* _____

What other forms of exercise do you do? **NONE** or *specify a form:* _____

Please list any and all physical or other ailments . . .

I will follow the rules of etiquette of BYSurrey as explained by BYSurrey staff and instructors and understand that by registering for a class, I am responsible for all associated fees and dues and that BYSurrey classes are non-refundable and non-transferable. Initials

Optional:

I understand that from time to time there may be pictures or video footage taken during class and consent to the use of my image by BYSurrey. Initials

I am registering for 1 week of unlimited yoga and understand that this means I may attend an unlimited number of classes in 7 consecutive days and that mat and towel rental is complimentary for the first class only. Initials

Students may lie down at any time during class but may not leave the room for the duration of the class so as not to disturb others' practices and so that the instructor may keep an eye on you at all times.

BYSurrey is not responsible for lost or stolen items.

Please read the below carefully. Initial beside each paragraph, date and sign below to indicate agreement. Minors need a parent or guardian to sign below on their behalf.

I, P R I N T N A M E , agree to the following terms and conditions:

Initials 1. That I am participating in the yoga classes or workshops (collectively referred to as “Yoga Training”) offered by BYSurrey during which, I will receive information and instruction about yoga and health.

Initials 2. I understand that the Yoga Training will require strenuous physical exertion that may cause physical injury and/or emotional suffering. I also understand that it is my responsibility to consult with a physician and/or counselor regarding my participation in Yoga Training. I hereby represent that I have been cleared to participate in the Yoga Training and that I have no medical, emotional or psychological condition that would prevent me from safe participation in Yoga Training.

Initials 3. I hereby RELEASE AND DISCHARGE THE FAHRENHEIT YOGA STUDIO LTD. AND/OR BYSURREY AND/OR ITS DIRECTORS, STAFF, EMPLOYEES and any other representatives or instructors (collectively hereinafter referred to as the “Released Parties”) from any and all liability, claims, demands, or causes or actions that I may have for injuries, death or damages arising out of my participation in the Yoga Training, including but not limited to losses CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES.

Initials 4. I further agree that I WILL NOT SUE OR MAKE A CLAIM against the Released Parties for damages or other losses sustained as a result of my participation in the Yoga Training. I also agree to INDEMNIFY AND HOLD THE RELEASED PARTIES HARMLESS from all claims, judgments and costs, including attorney’s fees, incurred in connection with any action brought as a result of my participation in the Yoga Training.

Initials 5. I understand and acknowledge that the Yoga Training has certain inherent dangers that no amount of care, caution, instruction, or expertise can eliminate and I EXPRESSLY AND VOLUNTARILY ASSUME ALL RISK OF PERSONAL INJURY SUSTAINED WHILE PARTICIPATING IN THE YOGA TRAINING WHETHER OR NOT CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES.

Initials 6. I hereby expressly recognize that this AGREEMENT OF RELEASE AND WAIVER OF LIABILITY is a contract pursuant to which, with complete and unequivocal knowledge of its contents, I have released any and all claims I may obtain against the Released Parties.

I, the below signed, HAVE READ THIS AGREEMENT OF RELEASE AND WAIVER OF LIABILITY, AND FULLY UNDERSTAND ITS CONTENTS AND MEANING AND SIGN OF MY OWN FREE WILL TO ACCEPT THE TERMS CONTAINED HEREIN.

Signed:

Date:

IF THE PARTICIPANT IS UNDER THE AGE OF 18 YEARS OF AGE:

As a legal guardian of P R I N T N A M E , I consent to the above terms and conditions.

Signature of parent/guardian _____ Date: _____