first name	Profile Waiver	
How can we reach you?		
email		
cell home		
where do you live?		
-		
street town		
For our information:		zıp
How did you hear about us?		
When is your birthday?/		
Just in case!	/Aye	
Just in case:		
emergency name	#	
Waiver and Release Form	, hereby agree to the followir	ng:
Waiver and Release Form I 1. I am participating in the health and fitness of during which I will receive information and insisted in the physical exertion, which may be strend hazards involved. 2. I understand that it is my responsibility to consideration of being permitted to participation in the altha would prevent my full participation in the 3. In consideration of being permitted to participating in the programs. 4. In further consideration of being permitted to tarily and expressly waive any claim I may have agathat Imay sustain as a result of participating in 5. I, my heirs or legal representatives forever response to the store of th	, hereby agree to the followir classes, programs or workshops offer truction in exercise, health and fitnes uous and may cause physical injury, onsult with a physician prior to and re epresent and warrant that I am physi exercise classes, programs or works cipate in any and all activities held at is, injuries or damages, known or unk to participate in the classes, program ainst The Yog Shop, Ilc, or any instru- n the programs. release, waive, discharge and covena	ng: red by The Yoga Shop, IIc, s. I recognize that fitness programs and I am fully aware of the risks and egarding my participation in exercise cally fit and I have no medical condi- hops. or through The Yoga Shop, IIc, I nown, which I might incur as a result as or workshops, I knowingly, volun- ctor/trainer for any injury or damages int not to sue The Yoga Shop IIc and
Waiver and Release Form I 1. I am participating in the health and fitness of during which I will receive information and inside require physical exertion, which may be strend hazards involved. 2. I understand that it is my responsibility to chealth and fitness programs or workshops. In the that would prevent my full participation in the 3. In consideration of being permitted to participating in the programs. 4. In further consideration of being permitted to tarily and expressly waive any claim I may have aga that Imay sustain as a result of participating in 5. I, my heirs or legal representatives forever ror any other instructor/trainer for any injury or I have read the above and release and waiver	, hereby agree to the followir classes, programs or workshops offe truction in exercise, health and fitnes uous and may cause physical injury, onsult with a physician prior to and re epresent and warrant that I am physi exercise classes, programs or works cipate in any and all activities held at is, injuries or damages, known or unk to participate in the classes, program ainst The Yog Shop, Ilc, or any instru- n the programs. release, waive, discharge and covena death caused by their negligence or	ng: red by The Yoga Shop, IIc, s. I recognize that fitness programs and I am fully aware of the risks and egarding my participation in exercise cally fit and I have no medical condi- hops. or through The Yoga Shop, IIc, I nown, which I might incur as a result is or workshops, I knowingly, volun- ctor/trainer for any injury or damages int not to sue The Yoga Shop IIc and other acts.
Waiver and Release Form I 1. I am participating in the health and fitness of during which I will receive information and insisted in the physical exertion, which may be strenge hazards involved. 2. I understand that it is my responsibility to consideration of being permitted to participation in the difference to assume full responsibility for any risk of participating in the programs. 4. In further consideration of being permitted to the tarily and expressly waive any claim I may have agat that Imay sustain as a result of participating in the programs.	, hereby agree to the followir classes, programs or workshops offe truction in exercise, health and fitnes uous and may cause physical injury, onsult with a physician prior to and r epresent and warrant that I am physi exercise classes, programs or works cipate in any and all activities held at ts, injuries or damages, known or unk to participate in the classes, program ainst The Yog Shop, IIc, or any instru- n the programs. release, waive, discharge and covena death caused by their negligence or or liability and fully understand its co	ng: red by The Yoga Shop, IIc, s. I recognize that fitness programs and I am fully aware of the risks and egarding my participation in exercise cally fit and I have no medical condi- hops. or through The Yoga Shop, IIc, I nown, which I might incur as a result as or workshops, I knowingly, volun- ctor/trainer for any injury or damages int not to sue The Yoga Shop IIc and other acts. intents. I voluntarily agree to