

# MOKSHA YOGA LONDON & MOKSHA YOGA LONDON WEST PARTICIPANT WAIVER

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Is this your permanent address? Y / N If not, what is your home City? \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ (Let us know and get a free class on your B-DAY!)

Email for our newsletter, promotions, & Free B-Day yoga \_\_\_\_\_

How did you hear about us? Google Website Facebook Street Sign Friend/Family Print Ad

ARE THERE ANY INJURIES, AILMENTS, OR MEDICATIONS THE INSTRUCTOR SHOULD KNOW ABOUT?

I, (print name) \_\_\_\_\_, AGREE TO THE FOLLOWING:

1. That the instruction offered by Moksha Yoga London & Moksha Yoga London West is limited to that of instruction in basic yoga health. That even with clear instruction, there is a possibility of injury, and that it is my responsibility to consult a physician regarding my ability to participate before coming to Moksha Yoga London & Moksha Yoga London West
2. I attest that I have no psychological, medical or emotional condition that would prevent me from safe participation in a Moksha Yoga London or Moksha Yoga London West class.
3. I release and discharge Moksha Yoga London & Moksha Yoga London West, its directors and its instructors from any and all liability, claim, demand or action that I may have resulting from injury, death or damages arising from my participation in the yoga class or at the yoga studio, including loss that may be caused by the negligence of the released party.
4. I release and discharge Moksha Yoga London Moksha Yoga London West, its directors and its instructors from any and all liability, claim, demand or action that I may have related to the loss, theft or damage of any of my personal property from the Moksha Yoga London premises.
5. I recognize that this agreement of release and waiver of liability is a legal contract and that, by reading it carefully, I have complete knowledge of its contents. I accept that Moksha Yoga London & Moksha Yoga London West reserves the right to request Photo I.D. at any given time during attendance.

I have read this agreement and fully understand its content and meaning, and sign it of my own free will.

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the participant is under the age of 18 years:

As legal guardian of \_\_\_\_\_, I consent to the above conditions and terms.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## STUDIO USE ONLY

scanned & entered into mindbody

entered into launchbox