



NEW STUDENT INFORMATION & RELEASE FORM

I _____ (print name) understand that yoga includes physical movements as well as an opportunity for relaxation, stress reduction and relief of physical discomfort. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort or if I am unable to breathe comfortably I will stop the activity. Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe for individuals with certain medical conditions. I agree to consult a physician if I have any relevant medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I agree that You Do Yoga LLC may send me emails. I grant to You Do Yoga LLC, its representatives and employees the right to take photographs of me and/or my property. I authorize You Do Yoga LLC, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that You Do Yoga LLC may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against You Do Yoga LLC, and any of their employees or affiliates.

Signature of Student or Legal Guardian

Date

Email address

How did you find us?