

Welcome to Twin Power Yoga Studio!

New Student Information

Date _____

Full Name _____

How did you hear about us? _____

Full time resident (circle) **YES NO**

Local Address (city state zip) _____

Other Address (city state zip) _____

Email _____ circle **YES / NO** to be on our
informative mailing list for updates, events and newsletter!

C# _____ H# _____

W# _____

Birthday _____

Emergency Contact (name, relationship & phone) _____

Medical History (Please list all health impairments, injuries, surgeries)

Yoga History (If new to yoga what are your interests, concerns or questions.
If you practice, please share how long & type practicing)

We are grateful you have chosen to Power the Body ~ Power the Soul, with us!

www.TwinPowerYoga.com ~ 4550 Donald Ross Rd #106 Palm Beach Gardens, FL 33418

Waiver of Liability & Disclosure Form

Welcome to Twin Power Yoga studio! Please read, initial and sign.

1. I understand there is an inherent risk associated with any exercise program including my voluntary participation in yoga that may result in injury. The exercises related to yoga will challenge my cardio respiratory and musculoskeletal systems associated with; the aerobic, anaerobic, strength ,power, agility, flexibility and breathing components of the program. I understand and am aware that the components of exercise/yoga are potentially hazardous activities and may cause injury. (____)
2. I acknowledge that I have either had a physical examination and/or have been given permission from my physician to participate in a yoga based exercise program or that I have decided to participate in an exercise program voluntarily and without the approval of my physician and do hereby assume all responsibility for my participation in any exercise/yoga or activity associated with Twin Power Yoga, Inc. studio. (____)
3. I certify that I am physically well and suffering from no medical problems, conditions, impairments, diseases, or any other illness that would prevent my participation or increase my risk of injury and/or illness as a result of partaking in any exercise/yoga program. (____)
4. I, my heirs, or legal representatives, do hereby waive and release Twin Power Yoga, Inc., its teachers and employees from any and all liability and responsibility from injury, accident, illness, legal and medical fees sustained now or in the future resulting from my participation in any activity or use of equipment. (____)
5. I understand that Twin Power Yoga studio will provide an area for personal belongings to be held during class, however, I agree that Twin Power Yoga, Inc. is in no way responsible for the loss or damage of my belongings while I attend class. (____)

I acknowledge that I have read this waiver of liability form. I fully understand its terms and conditions, and understand that I am giving up my right to sue Twin Power Yoga, Inc. its teachers and employees. I acknowledge that I am signing this agreement voluntarily, and intend by my signature to be a complete and unconditional release of liability to the greatest extent allowable by law.

Print Name

Signature

Date _____

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