



Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

(Email addresses remain confidential. We do not share with any other third party!)

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Please indicate any physical conditions or disabilities, current or chronic, medications or allergies that may limit participation in class. \_\_\_\_\_

I understand that Yoga includes physical movements as well as an opportunity for relaxation, stress reduction, and relief of muscular tension. I recognize that exercising may require some physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. Yoga is not a substitute for medical attention, examination, diagnosis, or treatment. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any of the Marshall Yoga Shala classes, lessons, or workshops. I represent and warrant that I am physically fit, and I have no medical condition which would prevent my participation. I knowingly, voluntarily and expressly waive any claim I may have against Red Door Yoga+, LLC, its owners, its members, instructors, or staff for any injury or damages that I may sustain as a result of participating in classes, lessons, or workshops, and from any and all liability arising out of or connected to the use of photograph(s) as stated above. I have read the above release and waiver of liability and fully understand its content. I voluntarily agree to the terms and conditions stated above.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Required for individuals under 18

Parent/Guardian: (Print and sign): \_\_\_\_\_