



REGISTRATION

NAME _____

ADDRESS _____

SUBURB _____ POST CODE _____

PHONE (W) _____ (H) _____ MOBILE _____

BIRTHDAY _____ ANY INJURIES/ILLNESS? _____

E-MAIL _____ REFERRED BY _____

I, _____, represent and agreed to the following:

1. That I am participating in the yoga classes or workshop offered by HOT YOGA MIX POINT COOK (HYMPC) during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I have been examined by a licensed physician within the past six months who found me fully able to participate in a challenging yoga class. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in all yoga classes and workshops.
3. In consideration of being permitted to participate in a yoga classes and workshops, I agree to assume full responsibility for any risks, injuries or damage, known or unknown, which I might incur as a result of participation.
4. I will not hold you, your partners, instructors, or employees responsible for any injuries suffered by me, caused wholly or in part by my failure to faithfully follow the instruction of you or your instructors or by any physical impairment of mine that I failed to fully disclose.
5. In further consideration of being permitted to participate in the yoga classes and workshops, I knowingly, voluntarily and expressly waive any claim I have against HYMPC for injury or damages that may occur as a result of participation.
6. I understand that classes, once paid for, are non-refundable.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

DATE

SIGNATURE