Yoga with Dina Yoga

Yoga Agreement of Release and Waiver of Liability Form

Name	Home Phone:Cell Phone:
Home address	Postal Code
Email	Date of BirthDD / MM / YY
Emergency contact name	Phone
Do you have any of the following conditions tha	at your instructor should be aware of:
☐ Asthma ☐ Heart/Circulatory Pro	
☐ Pregnancy ☐ High or Low Blood Pr	
☐ Neck/Back/Spine injury:	
☐ Joint injury (ankle, knee, hip, elbow, shoulde	er):
Muscular Injury:	
Other medical condition, injury or disability:	
Recent Surgery:	
Yoga Level: 🔲 Beginner 🔲 Interm	ediate
By completing and signing this form, I hereby ag	gree to the following:
receive information / instruction about Yog and may cause physical injury. I am fully aw 2. I understand that it is my responsibility to c Workshop, or Pre-registered yoga session. I	consult with a physician prior to and regarding my participation in the Yoga Class, certify that I am physically fit and I have no medical condition, which would prevent
my full participation in the Yoga Class, Work 3. I agree to assume full responsibility for any	kshop or Pre-registered yoga session. risks, injuries or damages, known or unknown, which I might incur as a result of
	NITH DINA YOGA, including offline and online livestreaming yoga.
and its owners, for any injury, death or dam	e any claim that I may have against YOGA WITH DINA YOGA, its instructors and staff, nages that I may sustain as a result of participating in a Yoga Class, Workshop or
 I agree that I will not record, photograph or clause will result in termination from all fut 	r video any online classes and fully respect other student's privacy. Violation of this ture classes and we reserve our right to pursue all legal recourse. YOGA WITH DINA YOGA,
does not take responsibility for any violatio 6. I. my heirs or legal representatives, forever	on or this provision by a third party. release, waive, discharge and covenant negligence or other acts.
I have read the above release and waiver of liab agree to the terms and conditions stated above	oility and fully understand its contents. I am 18 years of age or older and voluntarily
Participant signature:	Date:
If the participant is under 18 years of age: As above conditions and terms.	a legal guardian of:, I consent to the
Signature of parent/guardian:	Date:

Please provide a passport size photo in attachment to this registration.