



DISCLOSURE AND RELEASE FORM

Name:

Address:

Apt:

City:

Postal Code:

E-mail:

Phone:

Emergency contact name:

Phone:

Birth date:

Goal or intention for my yoga/meditation practice:

Do you have any injuries or health conditions? If so, please describe:

How did you hear about us?

1. I agree and acknowledge that I am fully aware that the participation in yoga classes involve risk and I accept all the risks of participating, even if the risks are created by the carelessness, negligence of myself or anyone else. I understand my physical limitations and am sufficiently self-aware to stop physical activity before I become ill or injured.
2. I am aware that it is advisable to consult a physician prior to participating in yoga classes. If I have consulted a physician, I have taken the physician's advice. I will notify instructors immediately of any pain and/or major discomfort felt during yoga.
3. If I am using the Infrared Sauna, I agree to read in it's entirety the instructions and contraindications posted in the sauna room and disclose any health conditions that may be contraindicated for sauna use. I have consulted a physician if required and take full responsibility for any adverse affects that may be experienced during or after sauna use.
4. I agree to be a subscriber to Shanti Yogi Inc.'s e-mail updates and newsletter. Should I wish to unsubscribe at any time, I may do so by requesting my email be removed from the distribution list.
5. I understand and intend that this document acts as the broadest and most inclusive assumption of risk, waiver, release of liability, agreement not to sue and indemnity.

I also understand that all payments are non-refundable or transferrable for any reason, including but not limited to vacation, illness, and injury.

By signing below, the participant accepts and agrees to the terms and provisions contained in this agreement.

Signature

Date