



Registration and Waiver of Liability

Name _____

Address _____ City _____ State _____ Zip _____

Phone numbers _____ home _____ work _____

Email address _____

Do any of the following apply to you? (check on the line if they do)

High Blood Pressure Pregnant Other
 Glaucoma Recent Injuries/Surgery (please describe below)

What inspired you to come to Yoga Loka? Internet Facebook Newspaper Drove By
 Friend/Family Who? We'd like to thank them _____

Other: _____

1. I am participating in Yoga Classes, Health Programs, or Workshops offered by Yoga Loka 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 understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Yoga Classes, Health Programs, or Workshops. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the Yoga Classes, Health Programs or Workshops.
3. In consideration of being permitted to participate in the Yoga Classes, Health Programs or Workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which might incur as a result of participating in the program.
4. In further consideration of being permitted to participate in the Yoga Classes, health Programs or Workshops, I knowingly, voluntarily and expressly waive any claim I may have against Yoga Loka for injury or damages that I may sustain as a result of participating in the program.
5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Yoga Loka for any injury or death caused by their negligence or other acts.

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

Date

Signature of Participant

Witnessed By: _____

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