

LINDA WELLNESS WARRIOR Yoga Class
REGISTRATION FORM

***Please complete entire form, and please print legibly or type and
Email completed version to: Contact@LindaWellnessWarrior.com***

Name: _____ DOB: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Describe any injuries/conditions you might have (use back, if necessary): _____

Would you like to receive our monthly email newsletters? _YES_ NO or _ Already Receive

Email Address (kept confidential): _____

Payment has been or will be made via: Check, Credit Card (online) or Cash

Yoga Class Questionnaire

1. How long have you been practicing yoga and what kind of yoga do you practice?

2. Please list the facility, yoga studio and teacher you currently practice at.

3. If you listed injuries above, are any of them a concern by your doctor or yourself in the context of a vinyasa yoga practice, massage (assuming you make a massage appt), or any other physical exercise/activity? Please feel free to write more separately.

4. In our effort to keep you safe, relaxed and enjoying the most out the Yoga Class, are there any other medical conditions that we should know about?

REGISTRATION AGREEMENT AND RELEASE AND WAIVER OF LIABILITY

Waiver and Release of Liability

Express assumption of risk: I, the undersigned, am aware that there are significant risks involved in physical training, including but not limited to, the physical training inherent to all yoga exercise activities, and that my participation in any such physical training program carries with it the potential for death, injury, and/or property damage. The risks include, but are not limited to, falls which can result in serious injury or death; injury or death due to negligence on the part of myself, my training partner, or other people around me; injury or death due to improper use or failure of equipment; strains and sprains; those risks caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, and trainers and lack of hydration. These risks are not only inherent to physical training and athletics, but are also present for volunteers and spectators. I am aware that any of these above mentioned risks may result in serious injury or death to myself and or my partner(s). I willingly assume full responsibility for the risks that I am exposing myself to and accept full responsibility for any injury or death that may result from participating, volunteering or watching in any physical training, including this yoga program. I realize that liability may arise from negligence or carelessness by the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault. I acknowledge that I have no physical impairments, injuries, or illnesses that will endanger me or others.

Initials: _____

Release: I acknowledge that I am willingly participating in these activities and that I have assumed all risks as described above. In consideration for my being allowed to participate in the activities offered, I, the undersigned hereby release Linda Wellness Warrior and the hosting organization, their principals, agents, employees, and volunteers from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in this activity, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties. This agreement shall be binding upon me, my successors, representatives, heirs, executors, assigns, or transferees. If any portion of this agreement is held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect. If I am signing on behalf of a **minor child**, I also give full permission for any person connected with the hosting organization to administer first aid deemed

necessary, and in case of serious illness or injury, I give permission to call for medical and or surgical care for the child and to transport the child to a medical facility deemed necessary for the well being of the child.

Indemnification: The participant recognizes that there is risk involved in the types of activities offered. Therefore the participant accepts financial responsibility for any injury that the participant may cause either to him/herself or to any other participant due to his/her negligence. Should the above mentioned parties, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless Linda Wellness Warrior and the hosting organization, their principals, agents, employees, and volunteers from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in activities offered. This includes but is not limited to parks, recreational areas, playgrounds, areas adjacent to main building, and/or any area selected for training.

Arbitration & Governing Law: The laws of Massachusetts shall govern this agreement (without reference to its principles of conflicts of law), and venue for any court proceeding shall be in Massachusetts, and any right to jury trial shall be waived. I agree that my sole remedy for any dispute, whether in contract, tort, or otherwise, with Yoga District is to submit to binding arbitration with an arbitrator within six months of the incident giving rise to the cause of action, even if that time is less than the applicable statute of limitations. In the event of arbitration, I will pay half of the costs of the arbitrator and other costs of arbitration, and I will be responsible for all of the costs for my own legal counsel.

I have read and understood the foregoing assumption of risk, and release of liability and I understand that by signing it I am obligated to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission.

I understand that by signing this form I am waiving valuable legal rights.

Signature of participant: _____ **Date:** _____

If the participant is **under** the age of **18**,

Signature of Parent/Guardian: _____

Print Name: _____ **Date:** _____

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Name:

Date:

Address:

Date of Birth:

Sex: Male Female

Ht.

Wt.

Phone:

Email:

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. For most people physical activity should not pose any problem or hazard. However, some people should check with their doctor before they start becoming much more physically active.

Common sense is your best guide in answering these few questions. Please read them carefully and check the yes or no opposite the question if it applies to you.

- | | | |
|--------|----|---|
| 1. Yes | No | Has your doctor ever said you have heart trouble? |
| 2. Yes | No | Do you frequently have pains in your heart and chest? |
| 3. Yes | No | Do you often feel faint or have spells of severe dizziness? |
| 4. Yes | No | Has a doctor ever said your blood pressure was too high? |
| 5. Yes | No | Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise, or might be made worse with exercise? |
| 6. Yes | No | Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to? |
| 7. Yes | No | Are you over age 65 and not accustomed to vigorous exercise? |
| 8. Yes | No | Are you pregnant? |

If you answered YES to one or more questions...

If you have not recently done so, consult with your personal physician by telephone or in person before increasing your physical activity. We may require you to provide written permission from a physician

before participating in the Yoga Class.

If you answered NO to all questions...

You have reasonable assurance of your present suitability for physical fitness activities and participating in the Yoga Class.

Signature:

*If completed electronically your typed name represents your Signature

Date: