

Black Orchid Yoga/Barre

New Student Form & Agreement of Release & Waiver of Liability

Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zipcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred by: Internet \_\_\_ Ad/Article\_\_\_ Yellow Pages \_\_\_ Walk-By\_\_\_ Friend’s Name \_\_\_\_\_\_\_

1. I am or will be participating in the Yoga Classes, Health Programs or Workshops offered by Black Orchid Yoga/Barre (Black Orchid LLC) during which I will receive information & instruction about yoga & health. These classes entail intensive physical activity (conducted in a heated room- approx. up to 109 degrees Fahrenheit) & exertion by me. I recognize that such physical activity & exertion may be difficult & strenuous & may cause or aggravate a physical injury or medical condition. I am fully aware of & accept the risks & hazards involved.
2. I understand that is it my responsibility to consult with a physician prior to & regarding my participating in the Yoga Classes, Health Program or Workshops, & to receive prior approval to participate. I represent & warrant that I am physically fit & I have no medical condition or injury which would prevent my full participation in the Yoga Classes, Health Programs & Workshops.
3. In consideration of being permitted to participate in the Yoga Classes, Health Programs or Workshops, I agree to assume all full responsibility for any risks, conditions, injuries or damages, known or unknown, which I might incur or aggravate as a result of my participating in same. I understand that there may be physical adjustments by the teacher from time to time & it is my responsibility to let the teacher know if I do not want to be touched/adjusted.
4. In further consideration of being permitted to participate in the Yoga Classes, Health Programs, or Workshops (the “Programs”), I knowingly, voluntarily & expressly waive any claim I may have or acquire against Black Orchid Yoga | Barre (Black Orchid LLC), or the landlord or Black Orchid LLC or any premises at which it may operate, for any injury, condition or damages that I may sustain as a result of entering or being on the premises or participating in the Programs.
5. I, my heirs or legal representatives forever release, waive discharge & covenant not to sue Black Orchid Yoga | Barre, or Black Orchid LLC, or the Landlord of any premises at which it may operate, for any injury, condition, or death which arises, is caused by or is aggravated by reason of my participation in the programs.
6. I understand that it is my continuing responsibility to inform the instructor(s) at Black Orchid Yoga | Barre (Black Orchid LLC) of any previous medical conditions, injuries or surgeries prior to my first class & at such other times as I acquire information as to same.
7. The tuition paid herewith & such registration fees paid hereafter are non-refundable, such refunds, if any, as are made shall be entirely within the discretion of Black Orchid LLC & its owners. Please list any previous conditions, ailments, injuries, and/or surgeries: If you are pregnant or may be pregnant, it is your responsibility to consult your physician before participating in classes.
8. I also understand that, except for a monetary refund, I have no claims against Black Orchid LLC or the landlord of the premises or Black Orchid LLC by reason of their refusal to allow me to participate in the Programs.

I have read the above Release & Waiver of Liability & fully understand its contents. I

voluntarily agree to the terms & conditions stated above.

Signature of Participant

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Under 18- Legal Guardian Signature

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