



YOGA AT THE LIBRARY ARTS CENTER WITH BRIANNA RENNER, RYT-500, YACEP

Student Information and Waiver of Liability

Name: _____ Age: _____

Email: _____

Would you like to receive email updates about YOGA offerings at the Library Arts Center? __Y __N
Email updates about OTHER Library Arts Center programs? __Y __N

City/State: _____

Phone: _____

Previous Yoga Experience: _____

How did you hear about us: _____

- I will speak to the instructor regarding any physical conditions or disabilities, physical ailments, chronic conditions, which might limit participation in this class, or that I feel the instructor should know.
Note: Instructors may be able to make important accommodations to better serve you.
- I understand that payment is required before the start of yoga classes at the Library Arts Center.

Agreement of Release and Waiver of Liability Form

I _____ hereby agree to the following:

- 1) That I am participating in the Yoga Classes /Workshops, offered by Brianna Renner (or qualified substitute instructor) at the Library Arts Center. I recognize that yoga requires physical exertion, and any physical exertion may be strenuous and could cause physical injury. I am fully aware of the risks and hazards involved, and I will inform the Yoga Instructor of my health conditions before participating in yoga classes.
- 2) I understand that it is my responsibility to consult with a physician prior to any participating in the Yoga Class/Workshop. I represent and warrant that I am physically fit and have no medical conditions that limit my full participation in the Yoga Class/Workshop.
- 3) In consideration of being permitted to participate in the Yoga Class/Workshop, I agree to assume full responsibility for any risks, injuries, damages which I may incur as a result of participating in this program. I will take appropriate rests when needed.
- 4) In consideration of being permitted to participate in the Yoga Class/Workshop, I knowingly and voluntarily waive any claim against Brianna Renner, the Library Arts Center, and any class/workshop sponsors, for any injury or damages I may sustain as a result of participating in this program.

I have read the above rights and waiver of liability and fully understand its contents.

I voluntarily agree to the terms and conditions stated above.

Signature _____ Date _____

Legal Guardian (if under 18) _____ Date _____