



WESTERVILLE CREW YOGA REGISTRATION FORM

Name \_\_\_\_\_ Birth Date \_\_\_\_\_
Street \_\_\_\_\_ Home Phone \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_
Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_
Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Would you like to be on our mailing list? \_\_\_ yes \_\_\_ no If yes, which: postal \_\_\_ email \_\_\_ both \_\_\_

I, \_\_\_\_\_ (participant or parent/guardian if participant is under 18 years of age), hereby agree to the following:

[ ] I am aware that participation in various forms of Yoga, Pilates, Reiki, and other programs, workshops or therapies may result in accident or injury, and I assume the risk connected with participation in these therapies/programs/methods. I represent that the participant is in good health and suffers from no physical impairment that would limit their participation in classes taught by Embodysmen, LLC instructors. I agree to inform the instructor/teacher of any physical limitations, discomfort and/or injuries before or during class and I take full responsibility for nondisclosure. I acknowledge that Embodysmen LLC has not and will not render any medical services including medical diagnosis of my physical condition. I specifically agree that Embodysmen LLC, The Yoga Factory, and/or Westerville Crew shall not be liable for any claim, demand, or cause of action of any kind whatsoever for, or on account of death, personal injury, property damage or loss of any kind resulting from or related to my or my child's use of the equipment or participation in any exercise or activity within Embodysmen LLC or The Yoga Factory's premises, and I agree to hold Embodysmen LLC, The Yoga Factory, and/or Westerville Crew harmless from same. I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and condition stated above.

[ ] I hereby give Embodysmen, LLC, The Yoga Factory, and/or Westerville Crew permission to use my photograph and publish the same without incurring any debts or liabilities to me. I understand the nature of the photography for marketing purposes and understand that I will receive no compensation or fee. I understand any photos will be used for news media, internal publication, website and social media, and video. I give permission voluntarily and certify that I have full authority to give this consent.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_