

REGISTRATION FORM



Name:		Phone:	
Street address:		Email:	
PO Box:	City:	Postal Code:	Email List: <input type="checkbox"/> Yes <input type="checkbox"/> No

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

This form covers all classes and/or workshops offered by Kerry Ammerman, Certified Yoga Instructor.

Please fill out the following, being sure to read and initial each paragraph.

I, hereby agree to the following: (Please initial each paragraph)

That I am participating in fitness classes or other workshops offered by Kerry Ammerman, during which I receive information and instruction about healthy and safe yoga practice. I recognize that these classes and workshops may require physical exertion, which may be strenuous and could result in physical injury, and I am fully aware of the risks and hazards involved. _____

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in fitness classes and/or workshops. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in these fitness classes and/or workshops. _____

I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the fitness classes and/or workshops. I agree to inform my instructor of any physical limitations, physical discomforts and/or injuries before or during fitness classes and/or workshops, and I take full responsibility for nondisclosure. _____

In further consideration of being permitted to participate in fitness classes and/or workshops, I knowingly, voluntarily and expressly waive any claim I may have against Kerry Ammerman for injury or damages that I may sustain as a result of participating in these fitness classes and/or workshops. _____

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

Signature of Participant (or Guardian): _____ Date: _____

Please note any physical limitations or injuries below: