

WELCOME TO REVIVE YOGA!

Enrollment Form

Name: _____ Age: _____ Birth Date: ____/____/____

Address: _____

City: _____ Zip: _____

Mobile Phone: _____ Email: _____

Emergency Contact Name: _____ Emergency Phone _____

How did you learn about Revive Yoga? _____

Select your enrollment option: Complimentary First Class Pass Using Gift Certificate

Single Private Lesson \$45 Six Pack of Private Lessons \$228 Other _____

Month to Month \$85 – *No Contract – Maximum flexibility*

Monthly Autodraft \$65 – *Six month agreement with 30 Day cancellation notice. Early termination \$65.*

Single Class Pass \$12 4 Classes \$40 12 Classes \$108 18 Classes \$144

Credit Card Number _____ Exp _____ CCV _____

WAIVER & RELEASE

I understand that yoga includes physical movements as well as an opportunity for relaxation, stress education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the instructor. I will continue to breathe smoothly. I assume full responsibility for any and all injuries or damages, which may occur through participation.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. By signing, I affirm that a licensed physician has verified my good health and physical condition to participate in such a fitness program. In addition, I will make the instructor aware of any medical conditions or physical limitations before class. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my physician's approval to participate. I also affirm that I alone am responsible to decide whether to practice yoga and participation is at my own risk. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Revive Yoga and its instructors.

I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the State of Texas.

Signature:

_____ **Date:** _____