

## New Student Agreement of Release and Waiver of Liability

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Cell# \_\_\_\_\_ Home/Work # \_\_\_\_\_

Have you practiced before: Y N Yoga Pilates Style? \_\_\_\_\_ Where? \_\_\_\_\_

Referred by: Friend \_\_\_\_\_ Ad/Article? \_\_\_\_\_ Walk-By \_\_\_\_\_

Internet site? \_\_\_\_\_ Other \_\_\_\_\_

I am, or will, participate in Yoga, Pilates, Fitness Classes or Workshops offered by Mind Your Body Oasis, LLC during which I will receive information and instruction about fitness, yoga, pilates, nutrition, health and wellness. These classes entail intensive physical activity (possibly in a heated room of approximately 100-104 degrees) and exertion by me. I recognize that such physical activity and exertion may be difficult and strenuous and may cause or aggravate a physical injury or medical condition. I am fully aware of the risks and hazards involved.

I understand it is my responsibility to consult with a physician prior to and in reference to participating in the fitness classes or workshops. I will receive prior approval from my Doctor to participate. I represent and warrant that I am physically fit and have no medical condition to injury which would prevent my full participation in the fitness classes or workshops.

In consideration of being permitted to participate in the fitness classes or workshops, I agree to assume all and 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.

In further consideration of being permitted to participate in the fitness classes or workshops, I knowingly, voluntarily, and expressly waive any claim I may have or acquire against Mind Your Body Oasis, LLC, or its representatives for any injury, condition, or damages that I may sustain as a result of entering or being on the premises or participating in fitness classes or workshops.

I, my heirs or legal representatives, forever release, waive, discharge, and covenant not to sue Mind Your Body Oasis, LLC for any injury, condition, or death, which arises, is caused by, or is aggravated by reason of my participation in the programs.

I understand that it is my continuing responsibility to inform the instructor(s) and staff at Mind Your Body Oasis, LLC of any previous medical conditions, injuries, or surgeries, prior to my first class and at such time as I acquire information as to same.

**List any and all previous conditions, ailments, injuries, and/or surgeries:**

\_\_\_\_\_

I also understand that I have no claims against Mind Your Body Oasis by reason of their refusal to allow me to participate in any of the programs.

**I have read the above Release and Waiver of Liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.**

Date: \_\_\_\_\_ Signature of Participant \_\_\_\_\_