



Gaia Flow Yoga Addison (Former Addison Circle Yoga)

15520 Spectrum Drive, Addison, TX 75001

Student Registration/ Liability Waiver

Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Email Address: _____ **Birthday: Month** ___ **Day** ___

Phone (Home): _____ **Phone (Cell):** _____

How did you find us? Internet ___ **Referral** ___ **Other** ___
Website: _____ **by:** _____ **Explain:** _____

Please list any current or past injuries/limitations: _____

Emergency Contact: _____ **Phone:** _____

Have you practiced Yoga before? (Please check one)

Yes, beginner level ___ **yes, intermediate level** ___ **No, this is my first time** ___

Yoga can be a physically demanding activity. It is vitally important that you are in a physical condition that will allow you to participate without presenting any danger to yourself or others. If you have any concerns that a health condition, injury or previous lack of physical activity may put you at risk of personal injury or discomfort, please seek the advice of your physician before taking a class.

I undersigned, fully understand and agree to the following:

1. I am participating in a yoga class/workshop/training offered by Gaia Flow Yoga Addison (Addison Circle Yoga). I recognize that any physical exertion may be strenuous and may cause injury. I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in classes /workshops/ trainings.
3. I hereby state that I am physically fit and have no medical condition which would prevent my full participation in these classes/workshops/ trainings
4. I knowingly and voluntarily waive any claim I may have against Gaia Flow Yoga Addison (Addison Circle Yoga) and its instructors for injury or damages that I may sustain as a result of participation in these activities.

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

Signature of Participant: _____ **Date:** _____