



YOGA CLASS REGISTRATION FORM

Name _____ Date _____

Address _____ Phone(H) _____

City _____ State _____ Zip _____ Phone(C) _____

Email address _____

How did you hear about Heartland Yoga? _____

Please describe your past yoga experience and present practice, if any: _____

Any injuries or other physical conditions of which we should be aware? _____

CLASS/WORKSHOP	DAY	TIME	INSTRUCTOR	FEE

TOTAL DUE: _____

Make check payable to Heartland Yoga and send to 221 E College St, Suite 213, Iowa City, IA 52240. Some employers offer wellness/benefits programs that may cover fees for yoga. If this is the case, a receipt will be provided for you to submit.

Injuries are extremely rare in yoga, but we are required to ask you sign the following release.

I hereby agree to the following:

- 1) That I am participating in yoga classes offered by Heartland Yoga which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
- 2) I understand it is my responsibility to consult with a physician prior to and regarding my participation in this yoga class. I represent and warrant that I am physically fit and have no medical condition that would prevent my participation in the yoga class.
- 3) In consideration of being permitted to participate in the yoga class, 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 yoga class.
- 4) In further consideration of being permitted to participate in the yoga classes, health programs, or workshops, I knowingly, voluntarily, and expressly waive any claim I may have against the instructor or the owner of the building for injuries or damages that I may sustain as a result of participating in classes or workshops held by Heartland Yoga.
- 5) I, my heirs, or legal representative of such forever release, waive, discharge and covenant not to sue Heartland Yoga, Betsy Rippentrop, or any of Heartland Yoga's instructors, or the leaseholder or owner of the building for any injury or death caused by their negligence of other acts.

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.

Signature of Participant _____

Date _____