



Welcome to Yogasphere

Please print legibly

Name _____

Phone/Home _____ **Cell Phone** _____

Address _____ **City** _____ **Zip** _____

Email _____ **M/F** ____ **Birth Date** _____

Emergency Contact: _____

Phone: _____ **Relationship:** _____

How did you hear of us?

I am aware that Yogasphere, LLC is here to serve me by sharing knowledge of Yoga and health. By my participation in classes/workshops and/or activities at Yogasphere, I agree to take full responsibility for not exceeding my limits in the practice of Yoga and for an injury I might suffer in the practice of Yoga. It is my responsibility to ascertain that there is no medical reason to prevent my participation. I hereby waive any claim that I might have at any time for injury of any sort against Yogasphere or any person or entity in any way involved there within. I have carefully read the release and fully understand and agree to the above.

Date: _____ **Signature:** _____

If under 18 years of Age:

As legal guardians of _____ **, we consent to the above conditions.**