

BAYMBU YOGA
(bam-boo)

NEW STUDENT REGISTRATION

DATE _____

NAME _____

EMAIL _____

MOBILE _____

Waiver:

I am participating in a Yoga Class offered by Susan Camean, Registered Yoga Teacher. I realized that this class involves physical movement and may be strenuous and that I always have the option not to perform any part of the class and take a rest. I acknowledge that I have the opportunity to speak to the teacher and discuss any questions. I am fully aware of the potential risks that are involved with taking a class that includes physical movement. I assume full responsibility for any risks, injuries and damages; known or unknown which I might incur as a result of participating in this class. I also understand that it is my responsibility to consult a physician prior to participating in yoga classes. I represent and warrant that I am physically fit and have no medical conditions that present my participation in the class.

I hereby voluntarily waive any claim that I may have against Susan Camean, Baymbu Yoga or the premises at 341 Stornaway Drive, Jackson, TN 38305, for any injuries or other damages that I may sustain as a result of participating in yoga classes.

Release of Liability signature _____

Emergency Contact name _____

Emergency Contact phone _____