



First Name: _____

Last Name: _____

Address: _____

Suburb: _____ **Post Code:** _____

Phone: Work Home _____

Mobile _____

Birth Date: Day Month Year _____

Email: _____

Emergency Contact: Name Phone _____

Referral Type: Another Client Facebook Google Newspaper
 Friend/Family External Signage Flyer Other

I, _____ represent and agree to the following:

1. That I am participating in the yoga classes or workshops offered by Phoenix Yoga Studios during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. A licensed physician has examined me within the past six months who found me fully able to participate in a challenging yoga class. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in all yoga classes and workshops.
3. In attending classes at Phoenix Yoga Studios, you agree that neither you, your heirs, assigns or legal representatives will sue or make any other claims of any kind whatsoever against Phoenix Yoga Studios or its members for any personal injury, property damage/loss, or wrongful death, whether caused by negligence or otherwise.
4. I understand that all purchases are final. Phoenix Yoga Studios does not offer refunds on services or products for change of mind, user error, injury, illness, change of address or any other reason. All passes and memberships are non-transferable.
5. 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: Day Month Year _____

Signature: _____