

HOLY YOGA

Name _____

Address _____

Telephone _____ (hm) _____ (alt)

Email _____

Date of Birth ____/____/____ (month/ day/ year)

Have you ever participated in yoga? Y or N If Yes, when and how often? _____

Do you have any medical restrictions or conditions? Y or N If Yes, Please explain _____

To get email updates on classes, dates and times, please visit
www.Newcreationyoga.com

New Creation Yoga/ Holy Yoga/ Hickory Grove Baptist Church Activity Disclaimer

I hereby consent as a participant in New Creation Yoga/ Holy Yoga classes and agree to assume all of the risks involved. I understand that New Creation Yoga/ Holy Yoga/ Hickory Grove Baptist Church does not provide medical insurance relative to accidents, injuries, and/or death as a result of program related activities; and that I can not hold New Creation Yoga/ Holy Yoga/ Hickory Grove Baptist Church or affiliated Holy Yoga teachers personally responsible for any liability.
_____ (initial)

I recognize that any form of physical activity is a potentially hazardous one, and that they involve a risk of possible injury or even death. I hereby affirm that I am voluntarily participating in these activities with the knowledge of the risk involved. I agree to expressly assume and accept any and all risks of injury and/or death. _____ (initial)

I hereby affirm myself to be physically sound and suffering from no condition, ailment, impairment, disease, or other illness that would prevent my participation in New Creation Yoga/ Holy Yoga activities, I declare that I have disclosed any and all medical history to New Creation Yoga/ Holy Yoga and/or their affiliates relevant to participation. _____ (initial)

In consideration of my participation in New Creation Yoga/ Holy Yoga, I release Jennifer Reavis and Hickory Grove Baptist Church from any claims, demands, and causes of action as a result of my voluntary participation and enrollment.
_____ (initial)

Signature _____ Date _____