



WELCOME TO TRIBALANCE YOGA CENTER. CHANGE YOUR LIFE TODAY.

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ POSTAL CODE: _____

EMAIL: _____

Would you like to receive our newsletter, schedule updates and special offers via email? YES NO

SEX (CIRCLE ONE): M F BIRTHDAY: _____

TELL US HOW YOU HEARD ABOUT US: _____

REFERRED BY (IF APPLICABLE): _____

EMERGENCY CONTACT (NAME, PHONE): _____

OBJECTIVES

WHAT IS YOUR PRIMARY GOAL (CHECK ALL THAT APPLY):

- | | |
|--|--|
| <input type="checkbox"/> REDUCE STRESS | <input type="checkbox"/> INJURY REHAB |
| <input type="checkbox"/> WEIGHT LOSS | <input type="checkbox"/> MEDICAL BENEFIT |
| <input type="checkbox"/> INCREASED FLEXIBILITY | <input type="checkbox"/> BALANCE |
| <input type="checkbox"/> INCREASED STRENGTH | <input type="checkbox"/> OTHER _____ |

YOGA EXPERIENCE & PERSONAL CONDITIONS

DO YOU EXERCISE REGULARLY NOW? YES NO

HAVE YOU DONE GENERAL YOGA BEFORE? YES NO

DO YOU HAVE ANY INJURIES WE SHOULD KNOW ABOUT? YES NO

IF YES, PLEASE LIST: _____

ARE YOU ON ANY MEDICATIONS? YES NO

IF YES, PLEASE LIST: _____

TRIBALANCE YOGA CENTER WAIVER

This center is not responsible or any injury, including death, or loss of property to any person suffered while on the premises or participating in the use of the Center and its facilities for any reason including but not limited to the utilization of any equipment or the playing, practicing or spectating of any activity in or about the club premises.

In consideration of my participation in and the use of the center's facilities I hereby release and covenant not to sue the center, its owners, shareholders, directors, officers, employees, representatives, agents and lessees from any and all present and future claims resulting from ordinary negligence and inherent risk of use of the facilities and equipment of the center including but not limited to any loss, injury, damage, or liability sustained by me while on or about the premises of the center.

I am fully aware and understand that the center does not have on or about the Center's premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services including but not limited to emergency cardiovascular assistance.

I am also fully aware and understand that such losses, injury, disability or death may result from the actions, inactions or negligence on my part, on the part of the center, on the part of others, the rules of play, or the condition of the center's premises and equipment.

I agree that immediately prior to participating in any activity occurring in or about the Center's facilities or equipment I will obtain proper instruction for the correct use of such facility or equipment from a qualified individual before I will use the facility or equipment.

I further agree that if I am not knowledgeable in the proper use of any of the Center's facilities or equipment I will obtain proper instruction for the correct use of such facility or equipment from a qualified individual before I will use the facility or equipment.

I further agree to indemnify and hold harmless the enter, its owners, shareholders, directors, officers, employees, representatives, agents, and lessees for any and all claims arising from any involvement in or receiving instruction for the Center activities incidental there to wherever, whenever and however the claims may arise including but not limited to travel to and from the center or related activity site and participation at remote sites.

I assume all the foregoing risks and accept personal responsibility for any danger and loss following any loss of property, injury, permanent disability or death resulting there from.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE WAIVER, RELEASE AND ASSUMPTION OF RISK AND FULLY UNDERSTAND THAT I HAVE GIVEN UP THE SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER, RELEASE AND ASSUMPTION OF RISK AND SIGN IT VOLUNTARILY.

Any person under the age of 18 years must have a parent or guardian co-sign this form.

NAME: _____ SIGNATURE: _____ DATE: _____

NAME: _____ SIGNATURE: _____ DATE: _____