



RELEASE FORM (for Age 18 and up)

CONTACT INFO:

NAME: _____

ADDRESS: _____

_____ Zip: _____

eMail: _____

Birth Date (Mo/Da/Yr) _____

You will receive emails related to your account (e.g., sales receipt, expiration date reminder).
May we also send you our newsletters (e.g., new classes, class cancellations, Yoga-related workshops, special offers)?

Yes ☐ No ☐

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE _____

Check Here If You Are Eligible For A Discount:

67 or older ☐

Additional Family Member ☐

Active Duty Military or Immediate Family ☐

Veteran ☐

Full Time Student ☐

How did you find out about Serenity Yoga Studio? _____

EMERGENCY CONTACT(S):

1. Name _____

Phone _____ Relationship _____

☐ I certify that I am able to participate in a Yoga class.

RELEASE OF LIABILITY As Yoga teacher professionals, we are responsible for providing competent instruction. We are not responsible for ensuring the safety of students beyond providing competent instruction. It is important you attend classes that are the appropriate level(s) for you – if you need help selecting classes, please contact Eric. By signing this form, you hereby release Eric Read, Serenity Yoga Center LLC, and any instructor teaching at Serenity Yoga Center or other designated locations from any and all liability for injuries that are not directly and proximately caused by professional negligence.

I certify that the information I provided is true and complete to the best of my knowledge.

Signature _____ Date _____