



Office Use Only			
Drop in	NCS	Karma	FCP
Cash	Visa	M/C	Debit

Agreement of Release and Waiver of Liability

Name: _____
(first name - PLEASE PRINT) (last name)

Birthday: ____ / ____ / ____ City: _____ Postal Code: _____
(day) (month) (year)

Phone #: _____ Email: _____
(please provide to receive our newsletter and studio updates/specials)

Are there any injuries or ailments we should be aware of? _____

How did you hear about Shakti Connection?

Google Facebook Twitter Street sign Other _____

If another student referred you, we'd love to know! _____

Biggest reason for coming today: _____

I, (the above named), HEREBY AGREE TO THE FOLLOWING:

That the instruction and services offered by Shakti Connection are limited to that of basic yoga and health.

That even with clear instruction, there is a possibility of injury, and that it is my responsibility to consult a physician regarding my ability to participate before coming to Shakti Connection.

I release and discharge Shakti Connection, its owner, and instructors from any and all liability, claim, demand or action that I may have resulting from injury, death, or damages arising from my participation in a yoga class, workshop or meditation session, including the loss that may be caused by the negligence of the released party.

Shakti Connection, its owner, instructors or staff will not be held liable for personal goods lost, stolen or damaged in the yoga studio, practice room or change rooms.

I have read this agreement and fully understand it's content and meaning, and sign it of my own free will and I am over the age of 18.

Participant signature: _____ Date: _____

If the participant is under 18 years of age: I, _____ am
(print full name)

the legal guardian of the above named and hereby give consent to the above terms and conditions.

Signature of parent/guardian: _____ Date: _____