



URBAN ELEMENTS WELLNESS STUDIO
Student Registration / Liability Waiver Agreement

Name _____ DOB: _____

Address _____

City _____ State ____ Zip _____

Phone _____ Email _____

How did you hear about us _____

Emergency Contact Name _____

Emergency Contact # _____

Injuries our instructors should be aware of _____

Any classes you would like to see added:

Type of class _____

Time/day of class _____

I _____ understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief or muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Urban Elements Wellness Center.

Signature of student, parent or guardian _____

Date _____