



Calm mind.  
Fit body.  
Inspired life.

# moksha yoga downtown

HOW DID YOU HEAR ABOUT MOKSHA YOGA DOWNTOWN? (check all that apply)

- Google Search  
  Our Website  
  Another website  
  Friend/Family  
  Street sign  
 Promo Materials  
  Newspaper  
  Other Moksha Studio  
  Other \_\_\_\_\_

EMAIL ADDRESS: (please print clearly) \_\_\_\_\_

(we send you one email newsletter a month and will never share your email address with a third party)

ARE THERE ANY INJURIES, AILMENTS, OR MEDICATIONS THAT THE INSTRUCTOR SHOULD KNOW ABOUT?

I, (print name) \_\_\_\_\_, AGREE TO THE FOLLOWING:

- 1 That the instruction offered by Moksha Yoga Downtown is limited to that of instruction in basic yoga and health.
- 2 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 Moksha Yoga Downtown.
- 3 I attest that I have no psychological, medical or emotional condition that would prevent me from safe participation in a Hot Yoga class.
- 4 I release and discharge Moksha Yoga Downtown, its directors, and the Moksha Yoga 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 the yoga class or at the yoga studio, including loss that may be caused by the negligence of the released party.
- 5 I release and discharge Moksha Yoga Downtown, its directors and its instructors from any and all liability, claim, demand or action that I may have related to the loss, theft or damage of any of my personal property from the Moksha Yoga Downtown premises.
- 6 I recognize that this agreement of release and waiver of liability is a legal contract and that, by reading it carefully, I have complete knowledge of its contents.

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

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If the participant is between the ages of 14 and 18 years:

As legal guardian of \_\_\_\_\_, I consent to the above conditions and terms.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_