



Staff Use Only	
<input type="checkbox"/> Intro Special	<input type="checkbox"/> Drop In
<input type="checkbox"/> CC	<input type="checkbox"/> Cash <input type="checkbox"/> Check
Class attended _____	

Student Information and Liability Waiver

SolFire Yoga 32261 Camino Capistrano D-103, San Juan Capistrano CA 92675

Student Information (please print)

Name _____

Date of Birth _____ Are you over 18? yes no (no requires parent signature)

Email _____

Home Address: _____

Phone: Home _____ Work _____ Cell _____

How did you hear about SolFire Yoga? Website Friend Other _____

Have you ever practiced yoga before? yes no For how long? _____

Please list and describe any current or chronic injuries, conditions or medications which may limit your participation in class _____

Agreement of release and waiver of liability: I hereby agree to the following:

1. That I am participating in the Yoga Classes, Zumba, Health Programs or Workshops offered by SolFire Yoga LLC during which I will receive information and instruction about yoga and health. I recognize that yoga and other classes require physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Yoga Classes, Zumba, Health Programs or Workshops. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in the Yoga Classes, Zumba, Health Programs or Workshops.
3. In consideration of being permitted to participate in the Yoga Classes, Zumba, Health Programs or Workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.
4. In further consideration of being permitted to participate in the Yoga Classes, Zumba, Health Programs or Workshops, I knowingly, voluntarily and expressly waive any claim I may have against SolFire Yoga LLC for injury or damages that I may sustain as a result of participating in the program.
5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue SolFire Yoga LLC for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Date _____ Signature _____

If participant is under age 18: As parent or legal guardian, I consent to the above terms and conditions.

Date _____ Signature of parent/guardian: _____