

PEPPERJAM YOGA

Class/Event Enrollment & Waiver

In signing below, I agree that:

- It is my responsibility to consult with a physician prior to and regarding my participation in yoga classes, health programs or workshops.
- I knowingly, voluntarily and expressly waive any claim that I may have against Peggy Merrill and Pepperjam Yoga for injury or damages that I may sustain as a result of participating in yoga classes, health programs, workshops or while visiting the yoga studio.
- I grant permission to Pepperjam Yoga to use any images of me in photographs or design, advertisements, or other promotions for Pepperjam Yoga.
- Pepperjam Yoga is in no way responsible for the safe keeping of my personal belongings while I attend class.

I have read the above release of liability and fully understand its contents.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Injuries/restrictions we should be aware of:

\_\_\_\_\_

How did you hear about us?

\_\_\_\_\_ Internet      \_\_\_\_\_ Referral (By whom? \_\_\_\_\_)

\_\_\_\_\_ Street Sign

\_\_\_\_\_ Facebook      \_\_\_\_\_ Other: please explain \_\_\_\_\_