



Release and Registration Form

I -----, Acknowledge and Sign

1. That **the Staff at Gurukul Yoga Holistic Center at 1300 Prince Rodgers Ave, Bridgewater, NJ 08807** has advised me prior to commencement of my participation in ‘**Friends of Yoga for Harmony, Health and Happiness Program**’ that I should consult a licensed physician in order that my physical condition and my suitability for the program could be professionally and independently evaluated.
2. That **the Staff at Gurukul Yoga Holistic Center at 1300 Prince Rodgers Ave, Bridgewater, NJ 08807** has advised me prior to my commencement of participation in ‘**Friends of Yoga for Harmony, Health and Happiness Program**’, that such participation involves some physical postures that may result in physical injury, if not done properly.
3. That I have consulted my own physician prior to participation in the **Friends of Yoga for Harmony, Health and Happiness Program** or have, without any undue influence or inducement from **the Staff at Gurukul Yoga Holistic Center at 1300 Prince Rodgers Ave, Bridgewater, NJ 08807**, determined not to consult a physician prior to participation in the ‘**Friends of Yoga for Harmony, Health and Happiness Program**’.
4. That I freely and knowingly assume the risks inherent in the participation in **Friends of Yoga for Harmony, Health and Happiness Program**, risks of which have been explained to me by **the Staff at Gurukul Yoga Holistic Center at 1300 Prince Rodgers Ave, Bridgewater, NJ 08807**, and I hereby waive any right, claim, or cause of action against **The Staff at Gurukul Yoga Holistic Center at 1300 Prince Rodgers Ave, Bridgewater, NJ 08807** and release them from any liability for any injury, cost, damage, expense or claim which I or anyone on my behalf might have as a direct or indirect result of my participation in the **Friends of Yoga for Harmony, Health and Happiness Program**.
5. That I have read the foregoing, understand and agree with each of the foregoing, and have received a copy of this Agreement on the date described below

Signature

Date and Session (Spring/Summer/Fall)

Print Name

Phone:

Street Address

Email:

*Thank you for letting us serve you and let there be harmony, health, and happiness always!
Do register a friend and receive one free class!*

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