

Pop Up Yoga Dallas

ENTERED _____

SCANNED _____

**NEW STUDENT WAIVER
PLEASE PRINT CLEARLY**

Student's First Name: _____ Last Name: _____

Guardian's First Name: _____ Last Name: _____

City: _____ State: _____ Zip: _____

Guardian's Mobile Phone: _____

Email: _____

Student Birthday: ____/____/____ Reason for participating: _____

Yoga experience (circle): First Time Beginner Intermediate Expert

Injuries, Pain, Limitations: _____

How did you hear about us: _____

- (1) We will be responsible for all personal items and will not hold Pop Up Yoga Dallas and its owners, directors, officers, advisors, employees, agents, volunteers, and all other persons or entities acting for them responsible for said effects in the event of their loss or theft.
- (2) We understand that it is our responsibility to consult with a physician prior to and regarding our participation in yoga classes. We represent and warrant that we are physically fit and have no medical condition which would prevent our participation in yoga classes.
- (3) We agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which we might incur as a result of our participation in yoga classes.
- (4) I give Pop Up Yoga Dallas the express permission to take and use photos and videos of our likeness in advertising/marketing (website, flyers, etc.), or evidence in any litigation.

Signature: _____ Date: _____