



Agreement of Release and Waiver of Liability

This form covers all classes and training offered by The Revival Room.

Please fill out the following, being sure to read and initial each paragraph.

I, _____, hereby agree to the following:

That I am participating in Yoga, Fitness Classes, and Other Programs or Workshops, or Therapies offered by Revival Room Yoga & Fitness, LLC and ALL Instructors during which I receive information and instruction about healthy and safe practice. I recognize that these classes and workshops may require physical exertion, which may be strenuous and could result in physical injury, and I am fully aware of the risks and hazards involved. _____.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in Classes, Workshops and Therapies. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in these Classes, Workshops & Therapies. (Doctor's release may be required for certain Programs). _____.

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. **I agree to inform my instructor/teacher of any physical limitations, physical discomfort and/or injuries before or during classes**, and I take full responsibility for nondisclosure. _____.

In further consideration of being permitted to participate in Classes, Workshops, Programs & Therapies, I knowingly, voluntarily and expressly waive any claim I may have against Revival Room Yoga & Fitness, LLC for injury or damages that I may sustain as a result of participating in this program. _____.

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

Signature of Participant: _____ Date: _____

If participant is under 18:

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



Health Questionnaire

Please complete this form so we may review it prior to your first class. It will allow us to properly assess your personal needs. If you have any questions, please feel free to ask. We are happy to serve you.

Name: _____ Age: _____ Sex: M/F _____

Address: _____

Phone Number: _____

Email (please print clearly): _____

Would you like to receive our monthly newsletter with coupons, deals, class schedules and more? Circle One: Yes No

Emergency Contact Name: _____

Phone Number: _____

Relationship: _____

Yoga Participants ONLY:

Is this your first Yoga class? _____ If not, please explain:

EVERYONE PLEASE FILL OUT THE FOLLOWING!

General Health Information: Do you have any of the following conditions?

___ Pregnant ___ Sensitivities (Please explain below) ___ Ailments of Lungs (What type?)

___ Contact Lenses ___ Stress ___ Arthritis (Where?) ___ Diabetes (Type 1/ 2?) _____

___ Varicose Veins ___ Exhaustion ___ Back pain lower, middle, upper?

___ Sinus Problems ___ Emotional Imbalance ___ Pain or Discomfort in any part of you body

___ High Blood Pressure ___ Anxiety ___ Weight Loss or Gain

___ Female/Male Disorders If yes, where? _____

___ Fibromyalgia (Please explain below) ___ Other _____

Explanation of any sensitivities, disorders, or pain:

Any recent or past accidents or injuries? If yes, please explain how the accident or injury has affected your body:

Are you presently taking medication? If so, what is the name of the medication? Do you experience any side effects?

For those who require special attention, have you contacted your Doctor prior to attending Yoga class?



Please consult your Doctor before starting any exercise program if you have undergone any form of surgery or are under heavy medication.

Other necessary information in regards to your health, please explain:

I, _____, hereby release the Revival Room Yoga & Fitness, LLC and all Instructors and Teachers (at the Revival Room Yoga & Fitness, LLC) of all liability and responsibilities pertaining to classes and training.

Signed: _____ Printed Name: _____

Dated: _____

If participant is under 18:

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

Thank you!