



SILVER AGE YOGA CLASS PARTICIPANT REGISTRATION FORM

Class Location: _____

Name _____

First Name
MI
Last Name

Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____

Email _____

Birth Date _____ **Male/Female** _____ **Marital Status** _____

Health Issues/Concerns: (Select all that apply)	
Osteoarthritis Diabetes Rheumatoid Arthritis Osteoporosis Heart Issues (Please specify) _____ Replaced Organs Other (Please specify) _____	Joint Replacement Hip _____ Knee _____ Shoulder _____ COPD DDD Back Issues (Please Specify) _____ Balance
Ethnic Category: (Select One) Caucasian African American Hispanic Asian Other:	Household income: (Select one) Below \$25,000 \$25,000 to \$50,000 Above \$50,000

Turn Page



SILVER AGE YOGA COMMUNITY OUTREACH, INC.

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, _____, hereby agree to the following:

1. That I am participating in Yoga classes offered by Silver Age Yoga Community Outreach Inc., taught by a representative of the said group whose name appears in this document, during which I receive information and instruction about yoga and health. I recognize that yoga requires 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 class. 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.
3. In consideration of being permitted to participate in the yoga classes, 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, I knowingly, voluntarily and expressly waive any claim I may have against Silver Age Yoga Community Outreach, Silver Age Yoga Community Outreach, Inc.; Directors and officers, and Frank & Serpil Iszak, founders of Silver Age Yoga; their representatives, licensees, assigns for any 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 Silver Age Yoga Community Outreach, Inc.; Frank & Serpil Iszak, founders of Silver Age Yoga or any of their representatives 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.

Signature of Participant

Signature of Silver Age Yoga
Representative / Teacher

Date _____ Place _____