



Kara Keating Yoga

YOGA, MOVEMENT, & ENERGY MEDICINE

Registration Form & Liability Release

First and last name _____

Class / session _____

Address: _____ City & Zip _____

Email address _____

May we add your email address to our updates list? _____

Cell phone _____

Birth Date _____

Profession/Employer _____

How did you find out about us? _____

Please list any previous training or study _____

Why have you decided to sign up for this class? _____

Please list any physical, mental or perceptual disabilities or problems, as well as any recent accidents, injuries or surgeries, (and anything else you would like us to know)

Name and phone number(s) of an emergency contact _____

I, the undersigned, do hereby voluntarily assume full responsibility and waive all claims against Kara Keating, Sudden Valley Yoga, Sudden Valley Fitness Center and Sacred Earth Energy Medicine for any injuries or losses that I may sustain while in class or session. I understand that my health and safety are my personal responsibility. I understand that training in the physical arts can be physically dangerous and that if an accident happened it could cause injury or death. I further agree that pictures taken of me may be used for publicity or promotion without compensation at this time or any other time.

Signature _____ **Date** _____