



Class Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (c) _____ (h) _____

Email: _____

Emergency contact:

Briefly describe your experience with meditation and yoga:

Please list all existing medical issues:

I, _____, certify that the above information is true and complete to the best of my knowledge, and that I will not hold Megan A. Guynn, Pipedream Enterprises, Inc., dba Just Relax with Megan, the yoga studio or health and fitness establishment, and/or building and property owner, responsible or liable for any mishaps arising from my attending and participating in any of Megan A. Guynn's classes.

Signed: _____ Dated: _____

Witness: _____ Dated: _____

RELEASE AND WAIVER OF LIABILITY

Welcome and thank you for joining our class! Injuries are extremely rare in yoga. However, we are required to ask you to sign the following release. I hereby agree to the following:

1. I am participating in a class offered by Megan A. Guynn, during which I will receive information and instruction about yoga, meditation, and health. I recognize that yoga requires physical exertion which may be strenuous and may cause physical injury. I am fully aware of the risks and hazards involved, including the possibility of injury.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in this class. I represent and warrant that I am physically fit and have no medical condition that would prevent my participation.
3. I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur, because of participation in this class. I understand that there may be physical adjustments by the instructor from time to time and that it is my responsibility to let the instructor know if I do not want to be adjusted and/or touched
4. I knowingly, voluntarily, and expressly waive any claim I may have against the instructor, Megan A. Guynn, Pipedream Enterprises, Inc. dba Just Relax with Megan, the studio and/or health/fitness establishment, building or property owner, renter, or anyone affiliated with the class on any level whatsoever, for injuries or damages that I may sustain, as a result of participating in classes or workshops held by Megan A. Guynn.

5. I, my heirs, or legal representative and such, forever release, waive, discharge and covenant not to sue Megan A. Guynn, Pipedream Enterprises, Inc. dba Just Relax with Megan, the studio and/or health/fitness establishment, building or property owner, renter, or anyone affiliated with the class on any level whatsoever, 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.

Signed: _____ Dated:

Witness: _____ Dated: