Package:		Payment:	Date:	Rec	reived by:	
		WAIVER AN	D RELEASE OF LIA	<u>ABILITY</u>		
		THIS AGREEMENT AFFECTS	YOUR LEGAL RIGHTS.	READ IT CAREFUL	LY.	
First Name:			Last Name:			
Home Phone:			Cell Phone:			
Addres	s:	City	·	State:	Zip Code:	
E-mail:		Birtl	ndate:		Gender: M / F	
and stud	lio newsletter. It is in	re done through email including, but your best interest to provide a curr Privacy Policy at sevayogastudios.co	ent e-mail address. Seva Yo	ga Studios does not sl	hare e-mail addresses with any	
PLEASE	READ THE FOLL	OWING CAREFULLY:				
In cons		as an inducement to, being e	enrolled as a student o	f Seva Yoga Studio	os, I represent and agree as	
volunta proper Seva Yo	ary and I freely a ty damage, or lo oga Studios or by performing activi	sks associated with participatic ccept and fully assume all res ss to myself or any other pers a teacher, independent cont ties on behalf of Seva Yoga St	ponsibility for all risks, on as a result of my pa ractor, employee, or v	and all possibilition articipation in any volunteer in the er	es of personal injury, death, and all activities offered at mploy of Seva Yoga Studios	
1.	To waive all claims that I may have, known or unknown, against Seva Yoga Studios and their owners, officers, directors, agents, employees, volunteers, business operators, independent contractors, and site property owners and managers or lessees (hereafter, the "Organization");					
2. 3.						
4.	To be liable for costs demands, kind arising out	and to hold harmless and ind including court costs on a so of or in any way connected was teachers, amployees inde	licitor and own client by with my participation in	pasis, and liabilitien any and all activ	es of whatsoever nature or	

PLEASE CONSULT A PHYSICIAN PRIOR TO STARTING ANY EXERCISE OR FITNESS ACTIVITIES AND PRIOR TO USING OUR FACILITIES. THANK YOU.

Signature: \_\_\_\_\_ Date: \_\_\_\_

Print Name: \_\_\_\_\_