

Name \_\_\_\_\_

Address \_\_\_\_\_

City & Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Class Day & Times \_\_\_\_\_

Please print this form and mail to Hanford Yoga Center 101 N. Irwin Street, Suite 106, Hanford, CA 93230.

Make checks payable to: Hanford Yoga Center.

#### Liability Release

It is expressly agreed that all use of the Hanford Yoga Center (HYC) shall be undertaken by the participant at his/her sole risk. HYC, its owners and staff disclaim any liability, injury or loss arising from the exercises or instruction given at HYC. The instructional advice presented in any HYC exercise program is in no way intended as a substitute for medical counseling, and not all exercises are suitable for everyone. To reduce the risk of injury, never force or strain and always consult your physician before embarking on this or any other exercise program. Your signature below indicates that you have read and agree to the terms and policies as expressed within the liability release and the HYC brochure.

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