

Registration and Liability Waiver

Yoga classes with Gail Bruner

9505 SW 4th Ave

Portland, OR

97219

(Please Print) Name _____ Date _____ DOB _____
Address _____ City _____ Zip _____
Home Phone _____ Other phone _____
E-mail _____
Emergency Contact _____ Phone _____

- A. I will faithfully follow all instructions given by you. I will participate with the group as possible and rest as needed.
- B. I verify that I have full knowledge of any risks and that I am capable of participating in tumbling class without endangering myself.
- C. I understand that at all times in the tumbling class I am responsible for myself and will treat my body with respect.
- D. I will not hold Gail Bruner, your partners, affiliates, instructors or employees responsible for any injuries suffered by me while in your yoga class or on your premises.
- E. I have been examined by a licensed physician within the past six months and have been found by such physician to be in good physical health and fully able to perform all tumbling exercise which I am to learn and perform during my enrollment with you.
- F. I understand that minors under the age 18 are required to obtain parental/guardian consent.

Please list any physical conditions (including pregnancy), illnesses or medications:

Date

Signature

Policy Agreement

Private yoga students - It is necessary to give Gail Bruner a 24-hour cancellation notice if you are unable to attend your scheduled appointment.

Make up classes can be arranged. Payment is expected at the first day of the monthly scheduled appointments. If arranging a single private lesson payment is expected at the beginning of the class.

Group yoga students - When attending monthly yoga classes payment is expected at the first day of the monthly session. Make up classes are available. In lieu of making up a class yourself you may bring or send a friend to your class.