

THE NATURAL PATH

Yoga with Sheila

Name: _____ Date: _____

Cell Phone: _____ Email: _____

In the event of emergency, please give the name and phone of someone to contact:

Do you have previous experience with yoga? Please explain.

Do you have any medical condition(s) that the instructor should be aware of? Please explain.

The Natural Path, Yoga with Sheila, Policies & Procedures: Yoga classes are \$15.00 per class, drop-in rate. A 6-week session is offered at a discounted price of \$75.00 and is due, in full, at the start of the session. If you miss a class, you may request access to a pre-recorded class, which you can do at your convenience. All class sessions are non-refundable.

Class Cancellations: Classes may be cancelled due to inclement weather. Announcements will be made on the websites for both The Natural Path and SoulSpace Yoga and Wellness. We will make every effort to inform students of schedule changes.

I understand that this class is educational and that I am solely responsible for my health, safety and well-being, while participating either in person or on-line. I agree to assume all risk of damage or injury that may occur as a result of my participation.

I agree to inform my instructor of any activity which I cannot safely perform for any reason. I also agree that that I will not perform or attempt to perform any activity which I feel is likely to cause me to injure myself in any way.

If I am under the care of a physician, counselor or medical professional, etc., I have received permission from them to attend this class.

I agree to hold harmless, release and discharge the instructor, Sheila Huard, The Natural Path (Yoga with Sheila) and SoulSpace Yoga and Wellness, as well as any affiliates, owners, members, contractors, agents, employees, successors and assigns, from any and all claims, demands, and actions of any nature, whether present or future, anticipated or unanticipated, known or unknown, that may result from my participation in any class that I attend.

I affirm that all of the information I have provided is complete and accurate, and that I am signing this agreement voluntarily. I understand that my signature serves as complete and unconditional agreement to the contents of this form. (Students under the age of 18 must have this form signed by a parent or legal guardian).

Signature: _____