

Blue Moon Arts & City of Maple Valley 2012 Yoga Student Participation Form

Please print clearly. Information provided will not be used for any other purpose.
Your signature and date must be included on your completed form before you may participate in class.
You must update this form when any health changes could affect your ability to participate fully in class.

Contact Information:

Name _____
In case of a class change or cancellation
Phone: (____) _____ - _____ *circle the best time to call: day | evening | any time |*
Email Address: _____

For New Students:

How did you learn about this yoga class? Newspaper: _____ Sign board: _____ Website: _____ Doctor: _____
Referred by Yoga student name: _____ Other: _____

Have you taken yoga before? No: _____ Yes: _____ Approximate length of time: _____
What do you hope to achieve by taking this Yoga class? _____

List injuries, surgeries or conditions (arthritis, high blood pressure, asthma, etc.) **that create limitations for you with approximate dates of occurrence:** _____

Emergency Contact: _____ **Phone:** (____) _____ - _____

Acknowledgement and Acceptance of Risk and Responsibility

In consideration of being allowed to participate in Blue Moon Arts yoga classes through the City of Maple Valley, the undersigned acknowledges, appreciates and agrees that: There are risks inherent in the nature of yoga instruction and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and, I willingly agree to comply with the stated and customary terms and conditions for participation. If I observe any unusual significant hazard during my participation, I will bring such to the instructor's attention immediately and/or remove myself from participation. _____ *Initial required*

In case of injury or damages, I do hereby release and hold harmless Blue Moon Arts, the City of Maple Valley, its elected and appointed officials and employees, the organizers, sponsor, supervisor, instructor or any volunteer connected with the program from any and all claims, injuries, damages, or losses in the program. I assume all risks and hazards of the conduct of the program and release from responsibility any person providing transportation to and from activities. In the absence of signature, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the release. _____ *Initial required*

I grant full permission to use any photographs, videotapes, motion pictures, recordings or any other record of this program for any City of Maple Valley information or promotional use. _____ *Initial*

Release of Liability

I, the person named, being above age eighteen, or Guardian if participant is a minor, acknowledge and accept full responsibility for my participation in Blue Moon Arts yoga classes through the City of Maple Valley. My signature indicates that I have read this entire document, understand it completely, and agree to be bound by its terms. I am aware that I am giving up important legal rights I might have. I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign of my own free will.

Participant (or Guardian) Signature *required*

Date *required*