

Week Trial
7 Consecutive Days

30 Day pass
New Students only

Standard/Walk In

Academic/Walk In
Student/Teacher



STUDIO CLASS

Agreement of Release and Waiver of Liability

Name _____

Address _____ City _____ Zip _____

Contact number (*Required*) : _____ Email (*Required*) : _____

Birth Date (*Required*) : _____ How did you hear about us? Google CitySearch Sign Friend
 Other _____

Emergency Contact Number _____ Contact Name _____

I, _____, hereby agree to the following:

1. That I am participating in classes, herein referred to as 'classes', offered by Your Body Center studio during which I will receive information and instruction about classes. I recognize that classes require physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. In consideration of being permitted to participate in classes, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.
3. I understand from time to time during classes Your Body Center instructors may physically adjust me. I release all personnel employed by Your Body Center from any claim whatsoever on account of adjustments, treatment or service rendered during my participation in classes.
4. In further consideration of being permitted to participate in classes, I knowingly, voluntarily and expressly waive any claim I may have against Your Body Center and/or its instructors for injury or damage that I may sustain as a result of participating in the a class.
5. I understand that it is my responsibility to consult a physician prior to and regarding my participation in classes. I represent and warrant that I am physically fit and I have no medical condition, which would prevent my participation in classes offered.
6. I assume all responsibility for, and all risks of damage or injury that may occur to me as a student in Your Body Center's courses and instruction, while attending classes, participating in exercises, using Your Body Center facilities or following Your Body Center instructions in or out of the Your Body Center studio.
7. My heirs and legal representatives forever release and waive, discharge and covenant not to sue Your Body Center and/or its instructors for any injury or death caused by their negligence or other acts.
8. I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature of Participant

(date)

yoga • hot yoga • pilates • massage

3605 katy fwy @ heights blvd, houston, tx 77007

t: 713.874.0800

www.yourbodycenter.com