

Welcome to Camarillo Yoga Center- Please Print Clearly

Name: _____

Address with Zip Code: _____

Telephone: _____ Emergency Phone: _____

E-mail: _____ (We do not share info)

How did you hear about *Camarillo Yoga Center*? _____

Please read, sign and date the below release form before participating in class:

I am aware that my participation in yoga could result in accident or injury, and I assume responsibility for any risk connected with my participation in yoga classes at *Camarillo Yoga Center*. I understand that it is necessary to follow the advice of a physician as to my ability to practice yoga. I acknowledge that instructors at *Camarillo Yoga Center* do not and will not render any medical services including, without limitation, medical diagnosis of any physical condition. I agree that *Camarillo Yoga Center, Santa Rosa Plaza Associates LLC* and their officers, employees and agents shall not be liable for any claim of any kind whatsoever for, or on account of personal injury, property damage or loss of any kind resulting from or related to my use of their facilities (within or without class premises) or from my participation in yoga classes, and I agree to hold the above harmless from same. I have read the above release and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature: _____ Date: _____

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