



Sacred Treehouse

Registration and Participation Agreement

Please Print Neatly

Full Name _____ Date of Birth _____

Street Address _____

City, State, Zip _____

Email _____ Phone _____

Referred By: _____

Please describe any special needs that you may have such as allergies, physical limitations, medications or any other health concerns.

EMERGENCY NOTIFICATION

In the case of an emergency or illness, please notify:

Name	Relationship	Contact Number(s)

1. I understand and acknowledge that participation in this instruction and training is voluntary and I assume all risk associated with it. I further agree to hold harmless SACRED TREEHOUSE, and its agents and employees (collectively the "Instructors") from any cost, damage, injury, or any other claim resulting from any participation in or instructional training provided at these yoga classes, health programs or workshops.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the yoga classes, programs and workshops provided by SACRED TREEHOUSE. I further understand and agree that none of the information provided is medical advice. I understand and agree that my participation and use of this information is at my own risk.
3. I represent and warrant that I am physically fit and I have no condition that would prevent my participation. Yoga classes at SACRED TREEHOUSE may not be recommended for pregnant women. If you are pregnant, please consult with your OB/GYN or Primary Care Physician before participating.
4. I, for myself and my heirs or assigns, agree to hold the Instructors harmless, and I agree to indemnify the Instructors for any costs or expense they may incur as a result of any liability or claim described above.
5. In signing below I agree that SACRED TREEHOUSE is in no way responsible for the safekeeping of my personal belongings while I attend class.

Signature: _____ Date: _____

As Legal Guardian of _____, I consent to the above terms conditions.

Signature of Parent/Legal Guardian _____ Date: _____