

corepower YOGA

STUDENT APPLICATION AND HOLD HARMLESS AGREEMENT

First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____

Home / Cell Ph. _____ Work Ph. _____

Birthday (xx/xx/xxxx) _____

E-Mail _____

How did you hear about us: Internet Direct Mail Walk/Drive by Other

Who referred you? _____ N/A

Yoga Experience: Beginner (0-6 mos) Intermediate (6 mos-2yrs) Advanced (3 yrs +)

Check Weekly Exercise Frequency: 0 1-2 times 3-4 5+

Name Of Other Exercise Facility You Frequent : _____ or None

Explain (use other side of form if necessary) any recent or current medical condition or limitation you have & furnish a letter from your physician authorizing Yoga or stating any exercise limitations:

None or _____

In consideration of and as an inducement to my enrollment and payment of fees to become a student of CorePower Yoga (hereinafter "CPY"), I represent and agree as follows:

- (1) I (hereinafter "I" or "applicant") have been examined by a licensed Physician within the past six months and have been found by such physician to be in good health and full able to perform all Yoga exercises which I am to learn and perform during my enrollment with CPY.
- (2) I will faithfully follow all instructions given to me by CPY authorized instructors as to when, and how to perform and not to perform Yoga Exercises. I understand the practice of Yoga and group exercise activities may expose me to risk of personal injury, disease, or death and I knowingly and willingly assume such risk.
- (3) I understand and agree that I will receive instruction in Yoga theory and exercise only and that I hold harmless CPY, its employees, officers, directors, shareholders, and contract trainers for any damage to or theft of personal property on or away from CPY's premises, or personal injury, including but not limited to bodily injury, disease, disability, death, humiliation, or consequential loss of any kind arising out of my participation in any CPY event or activity.
- (4) In the event that I am pregnant, I will not attend a yoga class until I have discussed the potential risks to me or my unborn child / fetus with my obstetrician. I agree that I will follow my obstetrician's recommendations and on behalf of myself, my heirs, spouse or other interested party hold harmless CPY for any possible injury to myself or my unborn child / fetus.
- (5) If I am under 18 years of age, I warrant that I have disclosed my age to CPY and in addition to my signature, have provided the signature of my parent or legal custodian or guardian below.
- (6) Registration fees and Tuition for classes paid hereafter are non refundable.
- (7) Any provision not in conformity with the law of any state or governing body having jurisdiction is hereby severed from this contract and the remaining provisions remain enforceable. Applicant agrees that any dispute regarding this Agreement will first be tendered by the parties to a member of The American Arbitration Association for resolution prior to the filing of any lawsuit. Applicant also agrees, failing a successful arbitration effort, any suit to be tendered will be filed in and under the laws of the State of Colorado.

Date _____ Signature _____ Print name _____

Parent or legal guardian signature if applicant under 18 yrs. of age _____

Phone # of Parent or Legal Guardian _____