



Student Waiver

Name _____

Street _____ City _____ State _____ Zip _____

Telephone _____ E-mail* _____

**Your email address is used to keep you informed of updates such as class cancellations.*

NH Power Yoga respects your privacy and does not distribute your information to anyone.

In consideration of and as inducement to your enrolling as a student of NH Power Yoga you agree as follows:

1. The student signing this acknowledges that instruction in yoga is physical in nature, that he or she must be responsible for their own practice, and be mindful of any limitations he or she might have. We strongly recommend receiving permission from a medical doctor following a general physical examination approving the student's participation in these instructional services. The student also waives any cause of action or claim against NH Power Yoga, its officers, directors, employees, volunteers, teachers, and any other associates, for any injuries resulting from instruction rendered.
2. By signing this Agreement, I release, disclaim and hold harmless LaBelle Winery and its affiliates from any and all liability as it relates to my voluntarily participating in yoga classes at LaBelle Winery. LaBelle Winery and/or its affiliates shall not be held liable or responsible for any injury or otherwise as it relates to my being on the LaBelle Winery property for yoga class.

Signature _____ Date _____

In case of emergency, contact _____

Must be signed by a Parent if Under 18 yrs of Age

1. The parent/guardian signing below waives any cause of action or claim against NH Power Yoga, its officers, directors, employees, volunteers, teachers, and any other associates for any injuries resulting from instruction rendered. The undersigned attests that he or she is the lawful guardian of the minor named above, that he/she has read the foregoing, that the/she is authorized to execute this release and authorization on behalf of the minor named above with the extent to bind him/herself and the above named minor to its terms, that he/she has read and understood the foregoing release and authorization, and he/she has voluntarily executed the release and authorization on behalf of the above named minor.

Parent/Guardian Name (Please Print)

Relationship

Parent/Guardian Signature

Date