

The RabBoar Studio of Tai Chi Chuan, Yoga and Pilates



I desire to participate in the classes offered by "The RabBoar Studio of Tai Chi Chuan, Hatha Yoga and more..." during which I will receive information and instruction about Yoga, Tai Chi Chuan, Pilates and other various classes. I am fully aware of and accept the risks and hazards involved.

1. I agree that it is my responsibility to consult a physician prior to participating in any of the classes offered. I warrant and represent that I am physically fit, and have no physical or medical condition that would be aggravated by my participation in a class such as Yoga, Pilates or Tai Chi Chuan. I seek no medical advice or treatment from anyone employed by or instructing at The RabBoar Studio, nor will I hold any instructor liable for any aggravation of a medical condition caused by my participation.
2. I am aware that participation in a sport or Yoga or Tai Chi Chuan or Pilates or any other physical activity may result in injury, and I assume the risk connected with the participation in these activities.
3. In further consideration of being permitted to participate in the classes, I knowingly, voluntarily and expressly waive any claim I may have against the instructor, the RabBoar Studio, RabBoar Enterprises, its employees, contractors, instructors, directors, officers, owners or agents or any premises in which it may operate, for any injuries, conditions or damages that I may sustain as a result of entering or being on the premises or participating in the programs. I covenant that I shall not sue them regarding such claims, and that I will indemnify them for all reasonable legal costs and expenses that they incur defending against such claims.
4. I further acknowledge and agree all waivers, releases, and covenants made herein are binding on my heirs or legal representatives: that venue and jurisdiction over any disputes is proper only in the court in Benton County, Arkansas; that I have no other understanding with any of the instructors, or the RabBoar Studio whether verbal or written, which conflicts with the provisions of this document.
5. 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.

YOUR SIGNATURE:▶ _____

Print Name of Participant (below)	Date	Day Phone	Evening Phone
Street Address	City, State and Zipcode	Email (Please print clearly)	
Contact in Emergency	Phone Number		
Second Contact	Phone Number		

Please list any physical limitations or concerns (for example, back or neck pain or surgeries):

Please explain your goals or hoped-for results from attending the classes:

Please describe any previous experience in the discipline you are joining:
