



Bliss Fitness LLC

Registration Form

Name: _____

Address: _____

Phone: _____

E-mail: _____

Emergency Contact (name
and phone): _____

Waiver of Liability and Agreement of Release

PLEASE READ THOROUGHLY BEFORE SIGNING.

I, _____, hereby agree to the following:

1. I understand that Bliss Fitness LLC is not affiliated with the City of Seattle or the Seattle Public School District and does not assume any responsibility for the facilities provided by them.
2. I am participating in the Yoga Classes, Health Programs or Workshops offered by Bliss Fitness LLC during which I will receive information and instruction about yoga and health. Physically activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I recognize that yoga requires physical exertion that may be strenuous and may cause physical injury— including serious injury and death—and I am fully aware of the risks and hazards involved.
3. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Yoga Classes, Health Programs or Workshops. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the Yoga Classes, Health Programs or Workshops. I further acknowledge that Bliss Fitness LLC—including its members, officers, directors, agents, volunteers, independent contractors and employees (including but not limited to Christina Baserman)—does not assume any responsibility for my medical condition, diagnosis or treatment.
4. In consideration of being permitted to participate in Yoga Classes, Health Programs or Workshops, I agree to assume full responsibility for any risks, injuries or damages—known or unknown—which I might incur as a result of participating in the program.

