

The Rocking Chair

LLC

60 Grand Avenue Englewood, NJ. 07631 • (201) 308-5325 • www.therockingchair.org

Participant last name	First name	
Date of birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address		
City	State	Zip
Home Phone	Cell	
Email*		

Agreement to Participate and Waiver of Liability (Yoga)

I understand that there are risks of physical injury associated with, arising out of and inherent to exercise activities and yoga. In recognition of this acknowledged risk of injury, I knowingly and voluntarily waive all right and/or causes of action of any kind, including any all claims of negligence arising as a result of such activity from which liability could accrue to The Rocking Chair LLC and its members, principals, shareholders, officers, directors, agents, trainers, instructors, employees and successors and any and all related companies of the foregoing, whether known or unknown to me (hereinafter collectively referred to as the "Indemnified Parties"). I declare that I, or my child, is in good physical health and can participate in exercise and dance activities. I hereby agree to release the Indemnified Parties and hold the Indemnified Parties harmless from all liability whatsoever suffered or incurred by me, and from any claims, demands, and causes of action arising from my participation in the program, and hereby acknowledge that I knowingly and voluntarily assume full responsibility for all risks of physical injury arising out of active participation in their programs on behalf of the participant. I am aware that this is a release of liability and an acknowledgement of my voluntary and knowing assumption of the risk of injury. I have signed this document voluntarily and of my own free will in exchange for the privilege of participation. The participant has my permission to participate in The Rocking Chair's programs and events. I warrant that all of the information on this form is complete and correct. I further release the Indemnified Parties from all liabilities associated with my and/or my child's attendance at The Rocking Chair's studios.

SIGN HERE _____

Signature of Client (or parent/guardian)

_____ Date

Print Name of Participant: _____

* By placing my email address here I understand I may receive emails from you about updates and special offers. I understand I can unsubscribe from your email list at any time.