



KALI

New Student Intake

Name: _____ Age: _____ Birth Date: ____/____/____

Address: _____

City: _____ Zip: _____

Phone: _____ / Email: _____

Emergency Contact: _____ Emergency Contact Phone: _____

What brings me into the studio?

Anything you would like us to know about your health history?

Yoga Waiver & Release Form

I understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the instructor. I will assume full responsibility for any and all damages, which may incur through participation.

I understand that yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. By signing, I affirm that a licensed physician has verified my good health and physical condition to participate in such a fitness program. In addition, I will make the instructor aware of any medical conditions or physical limitations before class. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my physician's approval to participate. I understand that I am meeting in a public facility in which airborne viruses may be present. I agree that I will not hold Moon River Wellness, LLC DBA KALI liable for any illness which may be contracted by visiting a public facility and being in proximity with others, and for any allergic reactions to airborne remnants of cleaner within the studio. I also affirm that I alone am responsible to decide whether to practice yoga and participation is at my own risk. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Moon River Wellness, LLC dba "KALI", its independent contractors, and the Brick Alley Building.

I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the State of Minnesota.

Signature:

Date:

I grant KALI and its representatives the right to take photographs of me and my property in connection to the events I participate in. I authorize KALI and its representatives to use and publish the same in print and/or electronically. I agree that such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content may be used.

Initials: _____ (Leave blank if you do not authorize pictures to be taken)