



Coconut Elephant Yoga New Student Waiver

First Name _____ Last Name _____

Are you a current or former Chesterfield County Employee interested in our C-Fit program? Yes No

If yes, C-Fit work Location: _____

Gender Male Female Date of Birth _____

Email Address _____

Mobile Phone Number _____ May we send you text alerts? Yes No

Mailing Address _____

Billing Address (if different) _____

Emergency Contact Name _____

Relationship _____ Phone Number _____

How did you learn about our studio? Please check all that apply and specify source, if possible.

Person _____ Business _____
 Online _____ Advertisement _____

What level do you consider your yoga practice? I am scared of yoga Beginner Intermediate Advanced

What type of yoga are you interested in? (Check all that apply.)

Vinyasa Hatha Chair Restorative Yin Prenatal
 Meditation Power Individual Other (please specify): _____

I give CEY the right to use any or all photos/videos of my child or myself taken during yoga classes/events for use on social media or for marketing purposes.

**** IMPORTANT **** Please list any recent or prolonged injuries you have and **inform your instructor before class.**

The Art of Balance dba Coconut Elephant Yoga, LLC Participant Waiver and Hold Harmless Agreement

I, _____, in consideration of my voluntary participation in any The Art of Balance dba Coconut Elephant Yoga, LLC, workshops and/or classes, on behalf of my heirs, executors, administrators and assignees, do hereby agree to release and forever hold harmless and discharge The Art of Balance dba Coconut Elephant Yoga, LLC, and their respective officers, employees, agents, subsidiaries, sponsors and affiliates, and all those persons involved in organizing and staffing any and all workshops and classes from claims, demands, injuries, losses, damages, actions, causes of actions or suits of whatever kind or nature, arising out of my participation in any and all The Art of Balance dba Coconut Elephant Yoga, LLC, workshops and/or classes. I, the participant, also hereby agree to act in a safe manner throughout the duration of the workshops and/or classes by listening and adhering to the guidance of the instructor, to be mindful and respectful of my actions and the actions of other participants toward the safety and well-being of all parties.

My Name _____

Participant or Guardian* Signature _____ Date _____

*for participants under the age of 18