

# Upbeat Morning Yoga & Art

## Consent Authorization Form

In order to operate Upbeat Yoga & Art in the most efficient way possible, there are certain instances when the Greenville Museum of Art (GMA) will need your permission/authorization. We have incorporated the two most likely instances into this form and ask that you complete it before the start of class. All information obtained is confidential and is for GMA Upbeat Yoga & Art use only. If you have any questions, please contact the GMA at 252-758-1946 or info@gmoa.org.

Student's Name: \_\_\_\_\_

### 1. LIABILITY WAIVER

I recognize that there are risks inherent in participation in recreational activities and agree to hold harmless the GMA Upbeat Yoga & Art program and the Greenville Museum of Art from any and all claims of bodily injury, personal injury, and/or property damage which may result from my participation in any and all Upbeat Yoga & Art classes.

### 2. PHOTOGRAPHIC RELEASE

I hereby do \_\_\_ or do not \_\_\_ grant permission for the use of individual and/or group photographs, involving myself, in connection with GMA Upbeat Yoga & Art for its public relations and/or fundraising opportunities. Any photograph, taping, or other illustrative material may be used without my examination of the finished product. I hereby waive my rights to privacy in connection with consent above given, and I hereby release, discharge, and agree to hold harmless all the parties to whom this consent is given from any liability whatsoever, and I agree that this consent and waiver will not be made the basis of a future claim of any kind.

*I have read, understand, and agree to the information contained in this form:*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Greenville NC, 27858  
phone: 252.481.2550  
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## REGISTRATION FORM

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (C): \_\_\_\_\_

Birthday: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year, optional) \_\_\_\_\_

E-mail: \_\_\_\_\_

(By providing your email address, you are agreeing to receive communication via email and be on our mailing list. Your email address will *never* be sold, given or traded to anyone for any reason.)

For your safety, please list any medical conditions you may have (including heart problems, high blood pressure, spinal problems of any kind, surgeries, pregnancy, diabetes, glaucoma, recent injuries, etc.)

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### Liability Waiver

Yoga is an individual experience. Participation in yoga class includes, but is not limited to: participation in meditation techniques, yogic breathing exercises (pranayama), and performing various yoga postures. Yoga postures, or *asanas*, are designed to exercise every part of the body—stretching and toning the muscles and joints, the spine, and the entire skeletal system. They also work on the internal organs, glands, and nerves. Yoga incorporates sustained stretching to strengthen muscles and increase flexibility.

My signature acknowledges that I understand that in yoga class I will progress at my own pace. If at any point I feel overexertion or fatigue, I will respect my body's limitations, and I will rest before continuing yoga practice. By signing my name below, I acknowledge that participation in yoga classes at the Purple Blossom Yoga Studio exposes me to the possible risk of personal injury or death. I am fully aware of this risk and hereby release, waive and forever discharge the Purple Blossom Yoga Studio and its instructors, officers, agents, employees and staff from any and all liability, demands, damages or other claims I may have now or in the future arising from or in any way connected, directly or indirectly, to my participation in yoga class, even if created by the negligence or gross negligence of the foregoing or others. My signature further acknowledges that I will not now or at any time in the future bring any legal action against Purple Blossom Yoga Studio or its instructors, officers, agents, employees and staff; and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors and my assigns. I am in proper physical condition to participate in yoga classes, and a licensed medical doctor has verified my physical condition for this type of class. I understand my physical limitations and am sufficiently self-aware to stop physical activity before I become ill or injured. If I am pregnant, become pregnant, or am post-natal, my signature verifies that I am participating in yoga classes with my doctor's full approval.

I have fully read and understand this liability waiver. I am aware that by signing this liability waiver, I am waiving certain legal rights that I or my heirs, next of kin, executors, administrators and assigns may have against the released parties.

My signature is binding in this liability waiver from this day forth.

**Printed Name:**

\_\_\_\_\_

**Signature: Date:** \_\_\_\_\_