

IYENGAR YOGA
ASSOCIATION OF GREATER NEW YORK
INSTITUTES OF NEW YORK & BROOKLYN

2018 AGREEMENT OF RELEASE & WAIVER OF LIABILITY

NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE:

E-MAIL:

PHONE:

DATE OF BIRTH:

GENDER:

EMERGENCY CONTACT

NAME:

PHONE:

HOW DID YOU HEAR ABOUT US
(PLEASE SELECT ONE)

- IYENGARNYC.ORG
 GOOGLE SEARCH
 SOCIAL MEDIA
 WALK-IN
 FLYER
 FRIEND
 OTHER

LOCATIONS

INSTITUTE OF NEW YORK
150 W 22ND ST, 2ND FL
NEW YORK, NY 10011
212-691-9642

INSTITUTE OF BROOKLYN
525 PACIFIC ST
BROOKLYN, NY 11217
718-875-7300

PLEASE SIGN:

I understand that the Iyengar Yoga Association of Greater New York (IYAGNY) is here to serve me by sharing knowledge of Iyengar Yoga. I agree to take full responsibility for not exceeding my personal physical limits in the practice of Iyengar Yoga, and for any injury I might suffer during my participation in classes or Institute activities.

It is my responsibility to ascertain that there is no medical reason to prevent my participation in class or any Association activity. I waive any claim that I might have at any time for injury of any sort against IYAGNY, its leaseholder, instructors, staff, or any person in any way involved therein. I, my heirs or legal representatives, forever release, waive, discharge and covenant not to sue IYAGNY for injury or death caused by their negligence or other acts.

For my own safety, I will not use props (i.e. ropes, trestles, etc...) in any of the yoga studios before or after class.

I further state that I have carefully read the foregoing release, know the Contents thereof, and sign the same as my own free act.

SIGNATURE

DATE