



Intake Form

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

Address: \_\_\_\_\_  
(House #) (Street) (City) (State) (Zip)

Email address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ please circle one: Home or Cell

Birthdate (Enjoy a free class on your birthday!): \_\_\_\_\_

**Agreement of Release and Waiver of Liability**

**By signing this, I agree to the following:**

I and/or my child/children are participating in classes offered by Root to Rise, LLC. I recognize that yoga and other classes offered at Root to Rise require physical exertion which may be strenuous. I am fully aware of the risks involved in participating in such a class. I understand that it is my responsibility to consult a physician prior to, and regarding my participation in any classes. I represent and warrant that I and/or my child/children have no medical condition that would prevent my full participation in the Root to Rise Studio classes attended. I assume full responsibility for any risks, injuries, damages, known or unknown, which might occur as a result of participating in classes. I knowingly, voluntarily, and expressly waive any claim I may have against Root to Rise, LLC, and/or any member of the staff, for any injury I may sustain as a result of participating in the instruction given at Root to Rise, LLC.

**CLASS CARDS ARE VALID FOR 6 MONTHS FROM THE DATE OF PURCHASE, AFTER WHICH THEY ARE EXPIRED, AND INVALID.** Root to Rise, LLC reserves the right to extend expiration dates based on severe illness, injury, or hospitalization, upon written request.

**I have read all of the above, and fully understand and agree to its contents. I voluntarily agree to the terms and conditions above.**

\_\_\_\_\_  
PRINT NAME SIGNATURE DATE

Print Child/Children Participant's Name Birthdate  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This form must be signed by a legal parent or guardian.