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STUDENT APPLICATION AND HARMLESS AGREEMENT

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STUDENT APPLICATION AND HARMLESS AGREEMENT

First Name:	Last Name:		First Name:		Last Name:				
Mailing Address:			Mailing Add	ress:					
City:	State:	Zip:	City:		State:	Zip:			
Home / Cell Ph.:	Birthday (xx/2	xx/xxxx):	Home / Cell	Ph.:	Birthday (xx/xx/xxxx):				
Email:	Who referred you'	?	Email:		Who referred you?				
How did you hear about us?	Search 🛛 Social Media 🗖 Dir	ect Mail 🛛 Drive By		u hear about us? Student □Online Searc	:h □Social Media □	Direct Mail 🛛 Drive By			
What other types of exercise do		er		types of exercise do you □ Gym □ Hiking □ F		Other			
At what other places do you pra This is my first time practicing		another studio		er places do you practico y first time practicing you] At another studio			
Do you currently have any injuries that limit your ability to exercise in any way?				Do you currently have any injuries that limit your ability to exercise in any way? ☐ None ☐ Yes, explain					
 (hereinafter "CPY"), I represent and agree a (1) I (hereinafter "I" or "applicant") have bee found by such physician to be in good head during my enrollment with CPY. (2) The use of the facilities at CPY naturally someone/something else causes it. As success, officers, directors, shareholders, agen without limitation, personal, bodily, or meni- CPY, its employees, officers, directors, shareholder any claims arising from my use of CPY's fa (3) I understand and agree that I will receive employees, officers, directors, shareholder or away from CPY's premises, or any perso- humiliation, or consequential loss of any ki (4) In the event that I am pregnant, I will no unborn child / fetus with my obstetrician. I myself, my heirs, spouse, or other interester child / fetus. (5) If I am under 18 years of age, I warrant to provided the signature of my parent or lega (6) Registration fees and Tuition for classes (7) Any dispute arising out of or relating to shall be finally resolved by arbitration admi Arbitration Rules, and judgement upon the 	en examined by a licensed Physician within Ith and full able to perform all Yoga exercise r involves the risk of injury to me and/or my h, I understand and voluntarily accept this r ts, and contractors will not be liable for any tal injury, economic loss, or any damage to reholders, agents, and contractors, or anyo cilities whatsoever or from mere presence c e instruction in Yoga theory and exercise on s, agents, and contractors for any damage i onal injury, including but not limited to bodili nd arising out of my participation in any CP t attend a yoga class until I have discussed agree that I will follow my obstetrician's rec ed party hold harmless CPY for any possible that I have disclosed my age to CPY and in al custodian or guardian below. s paid hereafter are non refundable. this Student Application and Hold Harmless inistered by the American Arbitration Associ arbitration award may be entered in any co	the past six months and have been is which I am to learn and perform guest(s), whether I or isk. I agree that CPY, its employ- injury or damage, including, me resulting from the negligence of ne using CPY's facilities. I waive in the premises of a CPY studio. Iy and that I hold harmless CPY, its is or or theft of personal property on y injury, disease, disability, death, Y event of activity. the potential risks to me or my ommendations and on behalf of e injury to myself or my unborn addition to my signature, have Agreement, or the breath thereof, ation under its Commercial urt having jurisdiction.	 (hereinafter "CP' (1) I (hereinafter found by such p during my enroll (2) The use of th someone/somet ees, officers, dir without limitatio CPY, its employe any claims arisir (3) I understand employees, offic or away from CF humiliation, or c (4) In the event t unborn child / femyself, my heirs child / fetus. (5) If I am under provided the sig (6) Registration 1 (7) Any dispute a shall be finally re Arbitration Rules (8) Any provisior 	Y"), I represent and agree as follo "I" or "applicant") have been exar hysician to be in good health and ment with CPY. the facilities at CPY naturally involv hing else causes it. As such, I und eetors, shareholders, agents, and n, personal, bodily, or mental injur ees, officers, directors, shareholder g from my use of CPY's facilities and agree that I will receive instru- ters, directors, shareholders, ager PY's premises, or any personal inji onsequential loss of any kind aris that I am pregnant, I will not attem stus with my obstetrician. I agree 1 s, spouse, or other interested party 18 years of age, I warrant that I h inature of my parent or legal custo fees and Tuition for classes paid h arising out of or relating to this Stu esolved by arbitration administere s, and judgement upon the arbitra	ws: mined by a licensed Physician v I full able to perform all Yoga exi- ves the risk of injury to me and/c derstand and voluntarily accept I contractors will not be liable for ry, economic loss, or any damay ers, agents, and contractors, or whatsoever or from mere prese uction in Yoga theory and exerci- nts, and contractors for any dan ury, including but not limited to ing out of my participation in ar d a yoga class until I have discu- that I will follow my obstetrician y hold harmless CPY for any po have disclosed my age to CPY a podian or guardian below. hereafter are non refundable. udent Application and Hold Har ed by the American Arbitration A tion award may be entered in ai f any state or governing body ha	this risk. I agree that CPY, its employ- or any injury or damage, including, ge to me resulting from the negligence of anyone using CPY's facilities. I waive ence on the premises of a CPY studio. ise only and that I hold harmless CPY, its nage to or theft of personal property on bodily injury, disease, disability, death, ny CPY event of activity. ussed the potential risks to me or my i's recommendations and on behalf of ossible injury to myself or my unborn and in addition to my signature, have mless Agreement, or the breath thereof, Association under its Commercial			
Date: Signature:	Print Nam	ne:	Date:	Signature:	Print	Name:			
Parent or Legan Guardian signa	ature if applicant under 18 yrs. o	of age:	Parent or Le	egan Guardian signature	if applicant under 18 y	/rs. of age:			
Phone # of Parent or Legal Guardian:			Phone # of Parent or Legal Guardian:						