



2022/2023 “Yoga for You” Registration Form

Part 1: Contact Information

Participant Name: _____

Legal guardian (if needed): _____

Email Address: _____

Phone Number: _____

Mailing Address: _____

Part 2: Hold Harmless Clause

The “undersigned” (for the purposes of this disclaimer is the participant 18 or over or the guardian/legal representative of the participant) wishes to participate voluntarily in the City of Clemson “Yoga for You” program.

The undersigned acknowledges (please check all boxes):

- that every participant should consult their physician before starting any **exercise** program or changing their diet.
- this program is volunteer and should not begin until they have spoken with a physician about their participation.
- this is a fitness class that could potentially cause injury to the participants or those attending.
- that the event staff will strive to accommodate all interested participants who notify staff of their accommodation but event staff can not ensure that the program will have the ability to meet the needs of all participants.
- that he/she assumes all risks involved in connection with its participation in said yoga class.

I hereby release City of Clemson Parks and Recreation, The All In Foundation and any employees and volunteers associated with this program from full and complete liability or claim of injury or damage sustained by participants resulting from participation in this program. The undersigned states that I am in proper physical condition to participate in this program and have been cleared to participate in this yoga program.

Signature: _____ Date: _____

Part 3: COVID-19 Release

*City of Clemson, City of Central, and Central
Clemson Recreation Center ("the Cities")
Assumption of the Risk and Waiver of All Liability Relating to Coronavirus/COVID-19*

A worldwide pandemic of the COVID-19 virus is in progress. The virus is extremely contagious. The Cities have put in place measures to try to restrict the spread of the virus; however, the Cities cannot and do not guarantee that you, your children, or anyone with whom you come into contact will not be infected. As with other easily transmitted diseases, even despite the efforts to limit spread of the virus, your decision to use city parks and recreational facilities may increase the risk of infection for you, your children, and other persons with whom you come into contact. Accordingly, please initial each sentence below to indicate that you have read it and that you understand and agree.

- 1. I understand that the virus is extremely contagious.*
- 2. I understand that infection may result in serious injury, illness, permanent disability, and/or death.*
- 3. I understand that the risk and effects of infection may be more serious for older people and for people with preexisting health conditions.*
- 4. I knowingly and voluntarily assume all risk of infection that may result from being present at and/or from using city parks and recreational facilities on behalf of myself, my children/wards, and other persons with whom we may come into contact after being present at and/or using city parks and recreational facilities.*
- 5. I understand that the risk of infection from being present at and/or using parks and recreation facilities may be voided by choosing not to be present at and not to use such facilities.*
- 6. I accept sole responsibility for any damage, loss, claim, liability, or expense of any kind, that I or my children/wards may experience, incur, or cause in connection with infection related in any way to being present at or using city parks and recreation facilities.*
- 7. On my behalf, and on behalf of my children/wards, as well as our family, our heirs and successors, representatives, creditors, and agents, I hereby fully and completely release, indemnify, covenant not to sue, discharge, and hold harmless the Cities and their elected officials, employees, agents, volunteers, insurers, and representatives, of and from all claims of any nature, including all liabilities, claims, actions, damages, costs, and expenses of any kind ("claims") arising out of or relating to being present at or using city parks and recreation facilities.*
- 8. Finally, I understand and agree that this release and waiver includes any claims based on actions, omissions, or alleged negligence, gross or otherwise, of the Cities, and/or their elected officials, employees, agents, representatives, volunteers, invitees, guests, participants, contractors, and referees/umpires.*
- 9. Finally, should my/our presence at and/or use of city parks and recreation facilities take place on a repeated or regular basis, this Assumption of the Risk and Waiver of Liability Form shall remain in effect without the need to sign additional copies each time we are present or use city parks and recreation facilities. Further, the provisions and legal effects of this form shall remain in effect following the cessation of my/our presence at and/or use of the Cities' parks and recreation facilities in perpetuity.*

Signature: _____ Today's Date: _____

Print name: _____

Part 4: Fitness Survey

Will you have a companion aid with you at “Yoga for You?” If so, will they participate?

Will you need a chair for stability for this yoga class?

Yes, please. No, thank you. I am unsure.

How would you describe your fitness level?

Below average for your age Average for your age Above Average for your age

How many times do you work out each week as of today?

1 time a week 2 times a week 3 times a week 4 times a week 5 times a week

What are your goals for this class?

What are your biggest fears going into this class?

How did you hear about this program?

What accommodations should we be aware of?

In case of an emergency who should we contact?

Name: _____ **Relation:** _____

Phone: _____

Additional Comments or questions?