

INNERLIGHT HEALTH SPA

(845) 229-9998 - www.InnerLightHealthSpa.com

Yoga/Zumba Class Release Form

I _____, voluntarily agree to pay \$_____ for a _____ class.

I understand that it is my responsibility to know my limits, and will not push myself past my abilities. If accidental injury should occur, I release InnerLight Health Spa and associated instructors and therapists of any and all liability. Please list any specific conditions and, or requests in the space below. Thank you.

Name _____ Date of Birth _____

Mailing Address (Used for Birthday Coupons) _____

City _____ State _____ Zip _____

E-Mail _____ Phone # _____

Signature _____ Date _____

Would you like to receive the monthly InnerLight Bulb e-Newsletter? Yes No

