

OM SUP Registration & Waiver Form

Name:		
Date:		
Address:		
City, Postal Code:		
Email:		
Phone:	Emergency Contact	
How did you hear a		
Do you have any in	juries?	
What is your yoga e	experience?	
What is your paddle	eboarding experience?	
	RELEASE AND WAIVER OF LIABILITY FO	
which time I will reyoga and paddleboa injury, and I am full responsibility to correpresent and warrafull participation in agree to assume full might incur as a resparticipate in SUP Y claim I may have agasustain as a result o waive, discharge an liability and fully un	hereby agree to ipating in Straight Up SUP and/or SUP yoga classes information and instruction about yoga and arding requires physical exertion, which may be ally aware of the risks and hazards involved. 2. It insult with a physician prior to and regarding meant that I am physically fit and I have no medicate the classes. 3. In consideration of being permit I responsibility for any risks, injuries or damagnet of participating in classes. 4. In further construction of SuP or its owners and teachers, for a figure of participating in the classes. 5. I, my heirs or lead covenant negligence or other acts. I have ream derstand its contents. I voluntarily agree to the SIGNATURE (or guardian if under 18):	and paddling. I recognize that SUP e strenuous and may cause physical understand that it is my y participation in SUP classes. I al condition which would prevent my tted to participate in SUP classes, I ses, known or unknown, which I sideration of being permitted to y, voluntarily and expressly waive any any injury or damages that I may egal representatives, forever release, at the above release and waiver of e terms and conditions stated above.
	DATE:	Photography & Video
agree to allow such	By participating in OM SUP I consent to having photos and/or video to be used by OM SUP for ocial media, advertising and website images.	g my photo and/or video taken. I also