



**YOGA STUDENT INFORMATION AND
YOGA WAIVER AGREEMENT**

NAME: _____

CITY OF RESIDENCE: (CIRCLE ONE OR LIST UNDER "OTHER")

DE PERE ALLOUEZ GREEN BAY LEDGEVIEW

OTHER CITY (PLEASE LIST): _____

EMERGENCY CONTACT NUMBER: _____

TO WIN PRIZES AND STAY UP-TO-DATE ON DE PERE EVENTS ENTER YOUR

EMAIL: _____@_____

I hereby agree to irrevocably release any claims that I have now or hereafter may have against the Yoga Instructor, Flow Yoga Studio LLC, Downtown De Pere Inc. (d/b/a Definitely De Pere), and the City of De Pere.

Signature of student, parent, or guardian: _____



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