



**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:** \_\_\_\_\_@\_\_\_\_\_

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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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