

# NEW STUDENT FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact name/number: \_\_\_\_\_

Health conditions/injuries: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Yoga experience:

First time to a yoga class     Beginner     Intermediate     Advanced

Style(s) of yoga you have done (if you know) (e.g. vinyasa, bikram, anusara, yin yoga, restorative, iyengar, dharma): \_\_\_\_\_

## Waiver of Responsibility

By signing below, I voluntarily agree and consent to participate in this program/class and to perform those poses and activities conducted by the teacher that are consistent with my skill level and physical and medical condition. I understand that the level of my participation in this program and which poses and activities I perform must be determined by me. I understand that the teacher is not a physician and, by making this program available, is not undertaking any responsibility regarding my medical condition(s). I hereby release, indemnify and hold harmless the teacher of this program, and owners of this building, where the yoga class will take place from any and all claims, demands, personal injuries, costs or expenses arising out of my participation in this program, including any physical or emotional injury to myself or damage to my property. I voluntarily agree to participate in the program/class and perform the poses and activities conducted by the teacher.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_