



yoga studio & boutique

NEW STUDENT INFORMATION

First _____ MI _____ Last _____

Address _____

City _____ State _____ Zip _____

Home (____) _____ Work (____) _____ Cell (____) _____

Email Address _____ Birthday _____

Emergency Contact Name _____

Phone Number (____) _____ Relationship _____

Referred By:

- Website
- Other Newspaper Ad
- PT or Massage Clinic
- Another Student (Name) _____
- PhenomeNews Ad
- Friend / Family
- Other

I, _____ (print name), understand that yoga includes physical exertion, which may be strenuous at times. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present. I certify that I am physically fit and able to participate in the yoga practice. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for guidance from the instructor. I understand that periodically during classes, I may receive hands-on adjustments from instructors to correct position and / or alignment. If I do not want physical adjustment, I will so inform the instructor at each class I attend. I understand that Yoga is not a substitute for medical attention, examination, diagnosis or treatment. I understand that it is my responsibility to consult with a physician regarding my participation in Yoga classes. I affirm that I alone am responsible to decide whether to practice Yoga. I agree to assume all responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of my participation. I knowingly, voluntarily and expressly waive any claim I may have against **evolve yoga studio & boutique**, its officers, directors, employees and instructors for injury or damage that I may sustain as result of my participation.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to terms and conditions stated above.

SIGNATURE _____ DATE _____

Participant (or parent or guardian if under 18 y/o)