

**New Student Information Form**

Client Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City/State/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Female/Male\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Are you pregnant?\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you practiced yoga?\_\_\_\_\_\_\_\_\_ If Yes, how long?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us?­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Factors/Situations, Specific illnesses, or Injuries/limitations affecting your current state of health that may be pertinent to the instructor:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your goals for yoga? (Relaxation, specific needs???) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Agreement of Release & Waiver of Liability**

**I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,(PRINT NAME) understand that yoga involves physical movements to create the opportunity for stress reduction and relief of muscular tension. I understand I will be given instruction with verbal cues and physical adjustments regarding yoga and its benefits. Similar to any physical activity, the risk of injury is always present and cannot be entirely eliminated. It is my responsibility to consult with a physician prior to my participating in a yoga class.**

**I represent that I am physically fit and I have no medical condition that would prevent me from participating in the class. I am aware, I may be physically adjusted. I agree to take full responsibility for any risks, loss, claim, injury, damage or liability, known or unknown, which I might incur as a result of participating in the class.**

I acknowledge that the above information is complete and accurate to the best of my knowledge. I have been informed and I understand that by doing yoga there may be risk of injury. I am aware of the risks involved in participating in such a class. I knowingly waive any claim I may have against the instructor(s) affiliated with Yoga Leaf, for any injury or damages I may sustain as a result of participation.

I fully understand and have read the release & waiver of liability. My signature below constitutes my consent of terms. All information will remain confidential.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_