



The Yoga Room™

YOGA FOR EVERY BODY

New Student Form

Date _____
 Name _____ Preferred Name _____
 Cell Phone _____
 Address _____ City _____ State ____ Zip _____
 E-mail _____ Birth Date _____
 Emergency Contact _____ Relationship _____ Phone _____

What benefits do you hope to achieve by practicing yoga? (circle all that apply)

Increase flexibility Increase strength Stress management Lose weight
 Improve posture Relaxation Mental clarity Mental focus
 Other _____

Do you have any of the following health conditions?

High blood pressure Diabetes Arthritis Pregnancy (Due Date _____)
 Joint injuries/surgeries Spinal injuries/ surgeries Heart condition Fibromyalgia
 Other _____

Please explain. _____

Have you practiced yoga before? Yes/No How long? _____

What Style(s)? _____

What do you like about your current/previous practice? _____

What do you not like about your current/previous practice? _____

How did you hear about The Yoga Room? _____

Would you like to receive our awesome weekly newsletter that is full of wellness inspiration, studio news, and a little bit of fun?

Yes No

>>>Please sign the Release of Waiver and Liability on the back of this page.<<<



Release and Waiver of Liability

I agree to the following:

1. That I am participating in Yoga Classes, Health Programs or Workshops offered by The Yoga Room, LLC, during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Yoga Classes, Health Programs or Workshops. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the Yoga Classes, Health Programs or Workshops.
3. In consideration of being permitted to participate in Yoga Classes, Health Programs or Workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.
4. In further consideration of being permitted to participate in Yoga Classes, Health Programs or Workshops, I knowingly, voluntarily, and expressly waive any claim I may have against The Yoga Room, LLC, Zelinda Yanez, or any other teacher, for injury or damages that I may sustain as a result of participating in the program.
5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue The Yoga Room, LLC, Zelinda Yanez, or any other teacher, for any injury or death caused by their negligence or other acts.

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

DATE

SIGNATURE OF PARTICIPANT

ONLY IF PARTICIPANT IS 18 OR YOUNGER:

As legal guardian of _____, I consent to the above terms and conditions.

DATE

SIGNATURE OF PARENT/GUARDIAN OF PARTICIPANT