

New Student Waiver Form

**Please note, all of the information on this form is kept confidential

NAME & ADDRESS

(PLEASE PRINT LEGIBLY)

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ cell, home, work

OTHER INFO

Birthdate ____/____/____

Email _____ (Very important!)

May we send you notices about events, specials, etc.? Yes No

How did you find out about us? (circle one)

Friend _____ Internet Search _____ Driving by _____ Facebook _____

Other: _____

What brings you to yoga?

Do you have any injuries/surgeries we should be aware of?

EMERGENCY CONTACT

Name _____ Phone _____

Relationship _____

WAIVER

If at any time during the class you feel discomfort or strain, gently come out of the posture. You may rest at any time during the class. It is important in yoga that you listen to your body and respect its limits on any given day.

I, the undersigned, understand that yoga is not a substitute for medical attention, examination, diagnosis, or treatment. I should consult a physician prior to beginning any activity program, including yoga. I recognize that it is my responsibility to notify the instructor of any serious illness or injury before every yoga class. I will not perform any postures to the extent of strain or pain.

I accept that neither the instructor nor Soulful Journeys Healing Arts, LLC, is liable to any injury, or damages, to person or property, resulting from taking of the class.

Signature _____ Date _____

Parent/Guardian (if under 18) _____ Date _____