

Contact Information:

Name: _____
Last First Middle

Phone: Home: (____) _____
Mobile: (____) _____

Sex: M F (select one)

Email address: _____

Date of Birth: _____ **Address:**

City: _____ State: _____ Zip: _____

In case of emergency Primary Doctor: _____ Phone: (____)

____ - ____ **Emergency Contact:** _____ Phone: (____) ____ - ____

Personal Information

Have you ever practiced yoga before? Y N (select one) If so, please describe the intensity and nature of your practice:

Please list any injuries, recent surgeries, illnesses, or other conditions our instructors should be aware of:

Are you pregnant? Y N (select one)

If so, when is your due date? _____

_____ (initial) I release _____ and its volunteers, and will not hold them liable for any injuries and all liability arising out of any personal injuries or damages, foreseeable or unforeseeable, which may occur as a result of my participation in _____. I hereby declare myself physically and mentally sound and capable of participation in these activities.

Signature: _____ Date: _____