



New Student Information Sheet

Please fill out completely before you participate in Holy Yoga

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____ Phone (h) _____

Email _____ Phone (m) _____

Emergency Contact _____ Phone _____

Have you ever participated in yoga? Yes No

If Yes, when and how often? _____

Do you have any medical restrictions or conditions? Yes No

If Yes, please explain _____

What are you looking for from yoga? _____

Would you like to be included in our email communications? Yes No

Holy Yoga Activity Disclaimer

I hereby consent as a participant in Holy Yoga classes and agree to assume all of the risks involved. I understand that Holy Yoga does not provide medical insurance relative to accidents, injuries, and/or death as a result of program related activities; and that I cannot hold Holy Yoga or affiliated Holy Yoga teachers personally responsible for any liability. _____ (initial)

I recognize that any form of physical activity is a potentially hazardous activity and that they involve a risk of possible injury or even death. I hereby affirm that I am voluntarily participating in these activities with the knowledge of the risk involved. I agree to expressly assume and accept any and all risks of injury and/or death. _____ (initial)

I hereby affirm myself to be physically sound and suffering from no condition, ailment, impairment, disease, or other illness that would prevent my participation in Holy Yoga activities, I declare that I have disclosed any and all medical history to Holy Yoga and/or their affiliates relevant to participation. _____ (initial)

Participant Signature

Date

Parent/Guardian Signature

Date

For parents/guardians of participants under the age of 18