

NEW STUDENT FORM

Before taking a class, please completely fill out this form. Thank you.

PLEASE READ! Release of Liability: In signing below I agree that Sweet Peace Yoga is in no way responsible for the safekeeping of my personal belongings while I attend class. I understand that classes at Sweet Peace Yoga may be physically strenuous and I voluntarily participate in them with full knowledge that there is risk of personal injury, property loss or death. I agree that neither I, my heirs, assigns or legal representatives will sue or make any other claims of any kind whatsoever against Sweet Peace Yoga or its members for any personal injury, property damage/loss, or wrongful death, whether caused by my negligence or otherwise.

Release of Liability — Signature: _____ Date: _____

NAME AND ADDRESS (Please type in information or print legibly):

Last Name: _____ First Name: _____ M.I.: _____

Address: _____ Apt.: _____

City: _____ State: _____ ZIP: _____

PHONE NUMBERS:

Home phone: (_____) _____ Work Phone: (_____) _____ ext: _____

Cell phone: (_____) _____ Fax: (_____) _____

E-mail address: _____ (very important)

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

OTHER INFORMATION:

Birthdate: _____ / _____ / _____ Your age today: _____
Month Day Year

How did you find out about us (check one)? Friend Internet Driving by Magazine Advertisement

Other: _____

EMERGENCY CONTACT(S):

Name: _____ Phone: (_____) _____ Relationship _____

Name: _____ Phone: (_____) _____ Relationship _____

INTERESTS:

Yoga Yoga for Kids Other (Optional) _____

Please inform your instructor of any health concerns including high blood pressure, pregnancy or detached retinas before practice.