

# Welcome!

We celebrate your choice to practice with us today.

Please fill out this form to help us support and enhance your yoga experience.

Name \_\_\_\_\_ Date \_\_\_\_\_

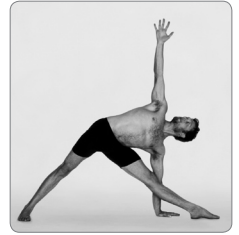
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ M / F Age? \_\_\_\_\_

Email \_\_\_\_\_

In case of emergency contact & tel.# \_\_\_\_\_



Have you ever practiced yoga before? *Yes / No*

What style/s, if any, have you practiced and for how long?

Why have you decided to start practicing Yoga Hour at YogaOasis?

- To gain strength and flexibility
- To compliment another physical regimen *(please describe)*
  
- Stress & anxiety reduction
- Freedom from depression
- Focus
- To celebrate life
- Connect to community of like hearts
- Other *(please explain)*

How did you hear about YogaOasis?

- Friend
- Website
- Advertisement
- Yellow Pages
- Other *(please explain)*

Do you have any injuries?

*(If so, please explain and be sure to inform your yoga instructor, so they can better serve you during class.)*

## Agreement of Release and Waiver of Liability

I, \_\_\_\_\_, hereby agree to the following:

1. That I am participating in the yoga classes, workshops, and/or health programs offered at YogaOasis. I recognize that yoga requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks 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 have no medical conditions which would prevent my full participation in the yoga classes, health programs or workshops.
3. In consideration of being permitted to participate in the 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 the yoga classes, workshops or health programs, I knowingly, voluntarily and expressly waive any claim I may have against YogaOasis, the individual teachers of the facility, or the owner of the facility 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 YogaOasis 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: \_\_\_\_\_

**If under 18** (please have Parent/guardian fill out below) -----

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

Signature of Parent/guardian: \_\_\_\_\_.

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Please bring ALL valuables INSIDE the studio. DO NOT LEAVE them in your car or the lobby.  
Considerations: please refrain from wearing perfumes, maintain personal hygiene, and turn off cellular phones.