

New Student Information

Name		Name you want to sign in as (if different)	
Address			
City		State	Zip
Email Address			
Home Phone		Cell Phone	

Emergency Contact

Name
Relationship
Phone Number

Questions

1. Have you practiced yoga before? Where and what style?
2. Do you have any medical conditions, injuries or limitations that the instructor should know about? Are you pregnant? Do you have high blood pressure, glaucoma or spinal injuries? Do you have areas of physical strain?
3. What is your primary intention for taking yoga?
4. How did you hear about us?

Please turn page over and complete form on the other side

Agreement of Release and Waiver of Liability

I, the undersigned, hereby agree to the following:

1. That I am participating in a yoga program or programs (classes, private lessons, teacher trainings, workshops or special events) offered by Prairie Yoga during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the yoga program(s). I represent and warrant that I possess the level of physical fitness required to participate in the yoga program(s). I agree to stop participating at any time in which I feel pain or severe discomfort and to alert the instructor.
3. In consideration of being permitted to participate, 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 yoga program(s).
4. In further consideration of being permitted to participate in the yoga program(s), I knowingly, voluntarily and expressly waive any claim I may have, now or hereafter, against Prairie Yoga, LLC, Lori Gaspar, faculty, co-teachers, guest teachers, assistants or any of her agents, for injury or damages that I may sustain as a result of participating in the yoga program.
5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Prairie Yoga, LLC, Lori Gaspar, faculty, co-teachers, guest teachers, assistants or any of her agents for any injury, damage, 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.

Participant's printed name

Date

Signature of Participant

IF A PARTICIPANT IS UNDER THE AGE OF 18 YEARS, THE SIGNATURE BY A PARENT OR LEGAL GUARDIAN IS ALSO REQUIRED.

Minor's printed name

Age

Date

Signature of Parent or Legal Guardian

Please turn page over and complete form on the other side