



**New Student Form** – Please take a moment to completely fill out this form – Thank you!

Date:

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**NAME & CONTACT INFORMATION—PLEASE PRINT CLEARLY!**

First Name

Last Name

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Address

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City

State

Zip

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Phone

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Email

*May we send you our monthly newsletter? Yes | No*

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**OTHER INFO**

Do you have any chronic illnesses or injuries that we should know about?

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Birthdate

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How did you hear about Community Yoga?

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**EMERGENCY CONTACT**

Name

Phone

Relationship

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**RELEASE OF LIABILITY** – In signing below I agree that COMMUNITY YOGA is in no way responsible for the safekeeping of my personal belongings while I attend class. I understand that classes at COMMUNITY 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 to be gentle with myself and I agree that neither I, my heirs, assigns or legal representatives will sue or make any other claims of any kind whatsoever against COMMUNITY YOGA or its members for any personal injury, property damage/loss, or wrongful death, whether caused by negligence or otherwise.

RELEASE OF LIABILITY – SIGNATURE

DATE

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**RELEASE OF LIABILITY FOR MINORS–**

As Legal Guardian of:

, I consent to the above terms and conditions.

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RELEASE OF LIABILITY – SIGNATURE

DATE

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