

## **New Student Information and Release Form**

Name			Date of Birth			
Address		City/State/Zip				
Email			Home Phone		Cell Phone	
How did you hear	about us?					
☐ Walk/Drive by	☐ Facebook	Instagram	Google	☐ Yelp	Referral	Name of Student?
☐ Ad	Where?	☐ Another Stude	Name of Student?		_	Specify, please.
	Do you have: Osteoporosis? High blood pressure? Arthritis? Any muscle injuries? Any joint injuries or p Are you vaccinated for	roblems?	∐ Wh	Take M nere? nere?	Problems? ledication?	<del></del>
Experience with y	oga? 🗌 Beginner 📗	Some Yoga	Intermediate/A	dvanced T	ype of Yoga?	
Any other informa	ation that may be impo	ortant for us to kno	w?			
I have read, under	rstand and agree to the	e release below.				
Signature of student						Date
Parent if student is a minor						Date

I understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly.

I further understand that yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Journey of Yoga or its instructors.

Journey of Yoga occasionally takes photographs and videos of students during classes and special events. By signing this agreement, I authorize Journey of Yoga to use my image in promotional materials.