



Welcome to the Yoga Garden! Please fill out our New Student Information & Release Form. The information that you share will help us provide you with a safe and rewarding yoga experience. All information will be for the exclusive use of the Yoga Garden and will not be sold, shared, or misused in any way.

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

Street Address: _____ Apt: _____

City: _____ State _____ Zip Code: _____

Home Phone: _____ Cell/Work Phone: _____

Birthday: _____ Occupation: _____

How did you hear about the Yoga Garden?

Walk/Drive By A-board Friend Brochure/Flyer Other

Email is our preferred method of contacting you for up-coming workshops and special events.

Email: _____

Emergency Contact: _____ Phone: _____

Relationship: _____

Have you practiced yoga before? Yes ___ No ___ If yes what style: _____

Are you recovering from any injuries? Yes ___ No ___

Type of Injury: _____

If pregnant how far into term are you? _____

Do you experience or suffer from any of the following (circle all that apply)?

Neck pain shoulder pain back pain elbow pain hand/wrist pain
hip pain foot/ankle pain knee pain muscle pain muscle weakness
fibromyalgia numbness/tingling in legs/feet numbness/tingling arms/hands
chronic fatigue dizziness/vertigo headaches/migraines high blood pressure
diabetes high stress other: _____

I acknowledge and fully understand that I will be engaging in physical activities that may involve some risk of injury. _____

I acknowledge that it is my responsibility to consult with my health care provider with respect to any past or present injury, illness, health problem, or any other condition or medication that may affect my participation in the classes offered at the Yoga Garden.

I voluntarily assume the risk inherent in my participation in classes taught at the Yoga Garden including the risk of injury, or damages known or unknown, which might occur as a result of participation in classes. _____

I hereby affirm that I have read, initialed and fully understand the above statements.

Signature: _____

Date: _____

I consent to the above terms as parent/legal guardian of:

Signature: _____

Date: _____