



New Student Registration & Consent Form

Last Name: _____ First Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Cell Phone: (____) _____ Home Phone: (____) _____

Email: _____ Date of Birth: mm/dd/yyyy _____

Emergency Contact Information

Name: _____ Phone Number: (____) _____

Are there any injuries or health conditions we should know about (ie. Sciatica, high blood pressure, etc.)

How did you hear about us: _____

Newsletter Consent: (Newsletters are sent out at a maximum of one per month, often quarterly.)

Newsletters give us the chance to communicate information with our clients regarding major schedule changes, new upcoming classes or events, and any sales we might be having.

- Yes, I would like to receive electronic newsletters
- No, I would not like to receive electronic newsletters at this time

Agreement of Release and Waiver of Liability

In signing, I agree to the following: I am participating in a Yoga class offered by Bend Yoga Studio. I recognize that this class involves physical movement and may be strenuous. I acknowledge that I have had an opportunity to speak to the teacher of the class prior to the class to discuss any questions. I have been informed of the nature of the class and the level of physical activity involved. I am fully aware of the potential risks that are unknown, which I might incur as a result of participating in this class. I also understand that it is my responsibility to consult a physician prior to and regarding my participation in this class. I represent and warrant that I am physically fit and have no medical conditions that prevent my participation in this class.

I hereby voluntarily waive any claim I have against Bend Yoga Studio and their agents for any injuries or other damages that I may sustain as a result of participating in this Yoga program.

Release of Liability - Signature: _____ Date: _____

If participant is under the age of 18:

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

Signature of parent/guardian _____ Date: _____