

Welcome to Yoga Born !

We celebrate your choice to practice with us today & we promise all your information *will be kept confidential*.



yogaborn
yoga & healing arts

Full Name: _____

Male / Female

*** please print clearly ***

Mailing Address: _____

City & State: _____

Zip Code: _____

Email: _____

Birthday: _____

(Month/Date/Year)

Home Telephone: _____ Cell Phone: _____

IN ORDER FOR YOU TO PARTICIPATE IN ANY ACTIVITIES IN ANY WAY CONNECTED TO
Yoga Born Studios LLC, YOU MUST CERTIFY THAT YOU AGREE TO
TERMS CONTAINED HEREIN:

The instructor(s) nor Yoga Born accept any responsibility for injury. Student is responsible to have obtained written consent from medical professional prior to beginning these activities.

I, the undersigned, understand that Yoga Born Studios LLC programs are not a substitute for medical attention, examination, diagnosis or treatment. I should consult a physician prior to beginning any activity program, including yoga. I recognize that it is my responsibility to notify my teacher of any serious illness or injury before every yoga class. **I will not perform any activities to the extent of strain or pain.**

I accept that neither the instructor(s), nor the hosting facility is liable for any injury, or damages, to person or property, resulting from the taking of any indoor or outdoor program. Those under 18 years of age must have this form signed by a parent or guardian.

If at any time during any class or program, you feel discomfort or strain, listen to your body, and respect its limits and inform the instructor immediately.

Signature

Date

How did you find us? print online friend _____ Other _____

Considerations: Please refrain from wearing perfumes, maintain personal hygiene and turn off cellular phones while in Yoga Born.



Like
Yoga
Born



STAFF USE : Prospect / Student / Company Entered Checked in with _____

Release of Liability Form 04/2012