

Yoga with Santosh New Student Info & Release

Course name and location: _____

Your name: _____

Mailing address: _____

Phone: _____ Email: _____

May I add you to my mailing list? (Circle) Yes | No (If “yes,” you will get updates about new classes, free classes, workshops, etc. and may cancel at any time. If “no,” I will contact you only in the event of a cancellation or schedule change for the classes you attend.)

Yoga experience, if any: _____

Why you were attracted to this course, or what you hope to gain/learn from it: _____

Do you have any physical, emotional, or mental conditions that we should be aware of that would affect your doing yoga such as old injuries or surgeries; heart problems; hip, knee or other joint issues; high blood pressure; slipped or ruptured disk or other back injuries; eye conditions like glaucoma, detached retina, or other conditions; sinus problems; abdominal problems; or any other diseases? Are you pregnant? Taking medications? Please explain (you may use the back of this form): _____

Anything else you think is important for me to know (you may use the back): _____

Emergency contact: _____ Phone: _____

Release from liability: I acknowledge that I have described my physical and mental conditions fully. If I am under the care of a physician for any condition, I have my physician's approval to take yoga. I understand that I am responsible for participating within my own capabilities and without inviting undue stress, pain, or injury. I hereby release and hold harmless David Morgan and landlords, independent contractors, and agents from any and all liabilities including defense costs, for any harm that occurs to me as a consequence of my use of the facilities, information, and instruction.

Signature: _____ Date: _____