



## **new student enrollment**

today's date: \_\_\_\_\_

please print clearly

name: \_\_\_\_\_

street address: \_\_\_\_\_

city: \_\_\_\_\_ state: \_\_\_\_ zip: \_\_\_\_\_ phone: (\_\_\_\_) \_\_\_\_\_

email: \_\_\_\_\_ (optional) – to receive email updates.

How did you learn about Yoga Roots? (please circle) Friend – Our Website – Flyer - Advertisement

### Waiver of Liability/Informed Consent

I, \_\_\_\_\_, have enrolled in a program of physical activity including, but not limited to, various yoga and meditation exercises offered by Yoga Roots, LLC. I am in good physical condition and do not suffer from any disability that would prevent my participation in this program.

If I do have a physical condition which limits my participation, I take full responsibility for moderating my activity and being aware of my own limitations. I will keep in communication with my teacher and ask questions while listening to instructions carefully. I have told my health professionals about taking this program.

In consideration of my participation in Yoga Roots, LLC's exercises and health program, I, \_\_\_\_\_, for myself and my family, release Yoga Roots, LLC (its employees, contractors and owners), from any claims, demands and causes of actions arising from my participation in the exercise program and I, \_\_\_\_\_, hereby release Yoga Roots, LLC from any liability now, or in the future, including but not limited to muscle strains, pulls, tears, broken bones, shin splints, heat prostration, heart attacks, knew, lower back or foot injuries and any other illness, soreness or injury however caused, occurring during or after my participation in this exercise program.

I have read and fully understand the above. \_\_\_\_\_

Signature of Student or Guardian

### PHYSICAL AND/OR MENTAL CONDITIONS:

We wish to serve you in our fullest capacity. Please inform us of any physical and mental conditions which would be helpful for your teachers to know. This information will be kept confidential: \_\_\_\_\_

I have informed my healthcare provider that I am taking yoga during my pregnancy, and they have approved this activity. Initial: \_\_\_\_\_ Date: \_\_\_\_\_

### **Emergency Contact**

name: \_\_\_\_\_ phone: (\_\_\_\_) \_\_\_\_\_

relationship: \_\_\_\_\_