



NEW STUDENT INFORMATION FORM

(ALL information is kept confidential)

Name:	
Address:	
Phone:	
Email:	
In Case of Emergency:	
Date of Birth or Age:	

How many years have you been practicing:	Yoga Experience:	Beginner	Intermediate	Advanced
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Describe your Yoga Practice & Current Exercise Program:
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Injuries & Medical Conditions:	
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How did you hear about us? (please circle)	<table style="width: 100%;"> <tr> <td style="width: 50%;">Street Sign</td> <td style="width: 50%;">Friend: _____</td> </tr> <tr> <td>Website</td> <td>Other: _____</td> </tr> <tr> <td>Google</td> <td></td> </tr> </table>	Street Sign	Friend: _____	Website	Other: _____	Google	
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Website	Other: _____						
Google							

I understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may against Mark Van Buren, Live Free Yoga LLC and all employees, volunteers, instructors, assistants and agents.

Signature of student, parent or guardian:	Date:
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