



WholeHeart Yoga Center Information and Release Form

Please complete this form before you begin your first class. Thank you!

Name _____

Address _____ City/State _____ Zip _____

Phone (home) _____ (work) _____ (cell) _____

Email _____ Occupation _____

Birthday _____

We stay in touch via our **Email news and/or Facebook**. By giving us your email you agree to receive our Enews once or twice a month and get your receipts online. You can always easily unsubscribe. **Our Facebook name is WholeHeartYoga. Please like our page!**

How did you hear about us? _____
i.e. postcard, internet, Facebook, printed ad, friend (please acknowledge them by name), etc.

Please check any problem areas or conditions and elaborate on any issues on the back of this form.

- | | | |
|---------------------------------|------------------------------------|---|
| <input type="checkbox"/> back | <input type="checkbox"/> shoulders | <input type="checkbox"/> arthritis |
| <input type="checkbox"/> knees | <input type="checkbox"/> wrists | <input type="checkbox"/> blood pressure |
| <input type="checkbox"/> ankles | <input type="checkbox"/> asthma | <input type="checkbox"/> pregnancy, what month? _____ |
| <input type="checkbox"/> neck | <input type="checkbox"/> heart | <input type="checkbox"/> other _____ |

Consent and Release Agreement:

I understand that by enrolling in yoga class, it is assumed that I am in reasonably good physical health. Although the instructor will monitor the abilities of the class as a whole and set the pace accordingly, I know and understand that I am ultimately responsible for participating only to the extent that I am able.

I also understand that these classes are non-refundable & non-transferable. In the case of medical emergency, I must inform the office immediately in order to receive any partial refunds or credits on a pass/membership.

Signature _____ Date _____

Printed Name _____