

# 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, ad, another student (please let us know their 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 classes at WholeHeart may be physically challenging. By signing this release I agree that I am in adequate physical and mental health to participate in yoga class, and I assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result. I also understand and agree that WholeHeart Yoga Center and their teachers are in no way responsible for the safekeeping of my personal belongings while I attend class.

I agree that neither I, my heirs, assigns or legal representatives will sue or make any other claims of any kind whatsoever against WholeHeart or its teachers for any personal injury, or property damage/loss. 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 \_\_\_\_\_