



A YOGA VILLAGE

First Name _____ Last Name _____

Address _____ Apt. _____

City _____ State _____ Zip _____

Email _____ Birthday ____/____/____

Home Phone _____ Cell Phone _____

Emergency Contact: _____ Phone: _____

<p>Your Yoga Experience:</p> <p><input type="checkbox"/> Beginner</p> <p><input type="checkbox"/> Some experience</p> <p><input type="checkbox"/> Regular yoga practitioner</p> <p>How did you hear about us (choose ONE):</p> <p><input type="checkbox"/> Friend: _____ (YV clients benefit from our referral program!)</p> <p><input type="checkbox"/> Internet Search Engine: _____</p> <p><input type="checkbox"/> Print Publication: _____</p> <p><input type="checkbox"/> Drive by the studio</p> <p><input type="checkbox"/> Health Care Professional: _____</p> <p><input type="checkbox"/> Facebook</p> <p><input type="checkbox"/> Other: _____</p>	<p>What are your TOP 3 reasons for wanting to practice yoga?</p> <p><input type="checkbox"/> Fitness</p> <p><input type="checkbox"/> Spiritual Growth</p> <p><input type="checkbox"/> Flexibility</p> <p><input type="checkbox"/> Stress reduction</p> <p><input type="checkbox"/> Quiet the mind</p> <p><input type="checkbox"/> Depression and Anxiety</p> <p>What are the TOP 3 class you are interested in?</p> <p><input type="checkbox"/> Gentle</p> <p><input type="checkbox"/> Hot</p> <p><input type="checkbox"/> Power</p> <p><input type="checkbox"/> Kundalini</p> <p><input type="checkbox"/> Amrit</p> <p><input type="checkbox"/> Hatha</p> <p>If you would like to become a teacher, what type of training would you prefer?</p> <p><input type="checkbox"/> Hatha</p> <p><input type="checkbox"/> Kundalini</p> <p><input type="checkbox"/> Other: _____</p>
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Waiver of Liability and Assumption of Risk: The undersigned student (or the parent or legal guardian of the student, if the student is under 18 years of age) acknowledges that the practice of yoga, and the use of yoga, Yoga Village facilities and services, involves an inherent risk, and hereby assumes all risks incidental to such activity. By registering to practice yoga at Yoga Village, to attend Yoga Village events, the student (or parent or guardian) represents that they are in adequate physical condition to practice yoga, based on their own assessment, and are not relying on any representations made by anyone at Yoga Village. Student waives any claim or right of action against Yoga Village and its officers, shareholders, employees and agents for loss, expenses, liabilities, damages or legal fees incurred on account of any loss or injury to the student or the student's property incurred in connection with and/or as a result of the student's attendance at classes conducted by Yoga Village and/or the use of the Yoga Village facilities or services. In consideration of my participation with Yoga Village, and as part of the services being furnished by me to said Company, I hereby give my consent to be photographed and/or videotaped. The Company is hereby authorized to use or cause to be used said photographs and videos and my name for advertising, publicity, commercial or other business purposes.

Signature _____ Date _____ I am over 18: ___ Yes ___ No

If Student is NOT over 18, release MUST be signed by a parent or legal guardian: _____ Date _____