

Living Room Yoga New Student Form

Name _____ Birthday _____

Birth Date _____

Best Phone to reach you _____

Back-up Phone _____

Address _____

City _____ State _____ Zip _____

Email _____

Emergency Contact _____

Relationship _____

Phone _____

What exercise do you do on a regular basis?

Explain any difficulties you have with Ears Neck Knees Back Joints
 Blood Pressure Heart Lungs

Explanation:

Past Injuries/operations/pregnancy:

How did you hear about Living Room Yoga?

- Driving by
- Facebook
- Linkedin
- I saw the Living Room Yoga car
- A Yoga student _____
- SYTA Website
- Tampa Bay Wellness Magazine
- Natural Awakenings
- Transformation Magazine
- From my healthcare provider _____
- Flyer on my doorknob
- Living Room Yoga Website through internet search
- Flyer in coffee shop (which one? _____)
- Internet Yoga directory (Circle which one: Yoga Finder, Yogi seeker, Everything Yoga, Holistic Network, Yoga Network, Yoga Voice, Health and Yoga)
- Our newsletter
- St. Pete Times
- Natural Awakenings
- Holistic Hetwork of Tampa Bay
- Other _____

Liability Waiver

I am aware that my participation in yoga may result in accident or injury, and I assume the risk connected to my participation. I certify that I have disclosed all relevant health problems to Living Room Yoga prior to beginning the program. I agree to take responsibility for my own safety by practicing yoga on an empty stomach, breathing properly throughout sessions, moving slowly in and out of postures, and letting the instructor know immediately if a position feels uncomfortable. I acknowledge that the instructor has not and will not render medical services, including medical diagnosis of my physical condition. I specifically agree that Living Room Yoga shall not be liable for any claim, demand, cause of action of any kind whatsoever for, or on the account of death, personal injury, property damage or loss of any kind resulting from or related to my use of equipment or participation in yoga on my premises or on the premises of Living Room Yoga. I agree to hold Living Room Yoga harmless from same. I have read the above release and waiver of liability and fully understand its contents. I signify by signing below that I voluntarily agree to the terms and conditions stated above from this date forward in all my dealings with Living Room Yoga.

Printed Name

_____/_____
Signature / **Date**