



**LIVING ROOM
YOGA**

Your Place For Yoga Therapy & Healing

Yoga Therapy • Yoga Classes • Yoga Teacher Training • Hypnosis
Cranial Sacral Therapy • Massage Therapy • The Feldenkrais Method



8424 4th Street North, Suite G • St. Petersburg, FL 33702
(727) 826-4754 • www.livingroomyoga.biz

New Student Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: (_____) _____ - _____

Home Phone: (_____) _____ - _____

E-Mail*: _____

Birth Date: _____

Gender: Male Female

Please list any issues with your body the teacher should know about:

Emergency Contact: _____

Relationship: _____

Phone: (_____) _____ - _____

* Living Room Yoga uses your e-mail address to send out status updates regarding your account and reminder updates for classes or workshops you have been booked into. Your personal information will never be sold to a third party. You can set preferences for receiving our eNewsletter on the back of this form.

~ Please Turn Over. More Questions On Back ~

HOW DID YOU HEAR ABOUT US

Please mark only one

- Internet Search
- Referral by Member: _____
- Healthcare Provider: _____
- Driving By/Sign
- Living Room Yoga Car
- St. Pete/Tampa Bay Times
- Bay News 9
- Tampa Bay Wellness Magazine
- Transformations Magazine
- Flyer in Coffee Shop: _____
- Facebook Fan Page
- LinkedIn
- CrowdSavings
- Eversave
- LivingSocial
- Other: _____

OUR ENEWSLETTERS

Send me information about....

- General Studio News, Workshops, & Events
- Continuing Education Courses for OTs & COTAs
- Continuing Education Courses for Yoga Teachers
- Continuing Education Courses for Massage Professionals
- Please do not send any eNewsletters to me

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 and the safety of any minor children attending class with my 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 of Student (or Legal Guardian if Student is under 18 years of age)

Signature of Student or Legal Guardian

Date