



New Student Questionnaire & Waiver

Name: _____ **Date:** _____

Email: _____ **D.O.B.** _____

Address: _____ **Phone:** _____

Emergency Contact (Name and Tel) _____

Have you ever practiced yoga? YES NO

If 'YES' please provide further details e.g., how long for, which style, current practice

.....

Do you participate in other forms of regular physical activity? (e.g. swimming, cycling, walking, etc.)

.....

The following information is required to ensure your safety. While yoga may be practiced safely by the majority of people, there are certain conditions which require special attention. Please circle if any of the following apply to you.

Shoulder/neck problems	Abdominal disorders/surgery	Arthritis (osteo/rheum)	Stress/Anxiety/Depression	Balance disorder
Knee problems	Heart conditions	Nerve damage	Diabetes	Autoimmune disorder
Hip problems	Back pain	Respiratory problems	Epilepsy	Other

Please provide details of above, including current condition/treatment/medication and/or any other conditions not covered by the above that might be adversely affected by yoga practice.

Are you pregnant, or have you given birth in the last six weeks? YES NO

I _____ hereby agree to release and forever discharge Union Yoga + Wellness and its agents and contractors of and from all manner of claims which the Releasor may have, and without limiting the generality of the foregoing, for all claims and damages with respect my participation in classes or activities led by or organized by Union Yoga + Wellness and its agents and contractors
Furthermore, I hereby acknowledge and agree, as the case may be, as follows:

It is my personal responsibility to consult with medical professionals prior to beginning any new physical activity including but not limited to yoga. I have no known medical condition that would prevent me from participating in a yoga class. I assume any and all risks associated with the practice of yoga.

I hereby agree that the Union Yoga + Wellness and its agents and contractors are not responsible or liable in the event of loss, damage, or unauthorized use, resulting from or to any of my personal property.

The provisions of this waiver and release shall enure to the benefit of the Union Yoga + Wellness (and its agents and contractors) heirs, executors, administrators, successors, assigns and other legal representatives and shall be binding on upon the my heirs, executors, administrators, successors, assigns and other legal representatives.

Signature: _____ **Date** _____

May we email you to notify you of special promotions, studio events, class cancellations, etc? Yes No



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