



Welcome to Yoga at Studio Be.

Kindly complete both sides of the student information form.

Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Wk phone: _____ Cell: _____

Email: _____

Emergency Contact Name: _____ Phone: _____

How did you hear about Studio Be? _____

What times work best for you for Yoga classes? _____

Would you be happy to receive email informing you of any upcoming events or workshops? _____

What would your interest be if you were to attend a workshop? _____

HEALTH INFORMATION

Please list any physical limitations, health conditions or injuries you may have: _____

What treatments have you undertaken? _____

Please list any medications you are currently taking. _____

If you have been referred by a healthcare provider, please supply their information: _____

PRENATAL STUDENTS ONLY: Due Date: _____

Yoga is a physical exercise. If you have any serious medical conditions, please check with your physician before participating. It is your responsibility to inform your instructor of any limitations you may have.

I have answered the above questions, fully and truthfully, to the best of my knowledge, regarding my health and medical conditions.

Signature

Print Name and Date

Property and Personal Liability Release for Yoga at Studio Be

PLEASE READ CAREFULLY BEFORE SIGNING:

I fully appreciate, understand, and acknowledge the fact that yoga may be strenuous and that there exists certain inherent risks and hazards. I choose to voluntarily participate in instructional sessions at Studio Be, and by participating, assume, in any programs offered by Studio Be, full responsibility for all risks.

I understand that it is my responsibility to consult with my health care practitioner prior to my participation in yoga classes, workshops, or other programs offered at Studio Be. I assume full responsibility for my participation. A release from a healthcare provider may be required.

I willingly agree to comply with the above stated terms and conditions for participation. If, however, I observe any unusual significant hazard or unusual situation during my participation, I will remove myself from participation and bring such to the attention of the nearest teacher or official of Studio Be.

By signing this document, I agree to release Studio Be, as well as their agents, tenants, managers, individual person, and damage or loss to my property incurred while on the premises at 223 Kirkland Ave, Kirkland WA 98033.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signed _____ Date _____