



## New Student Form

### Agreement and Release of Liability (Please Read):

In signing below, I agree to the following:

1. That I am participating in the Yoga classes or workshops ("Yoga classes") offered by Crystal Rivers, E-RYT and \_\_\_\_\_ during which I will receive instruction about Yoga. I recognize that Yoga requires physical exertion which may be strenuous and may cause physical injury, and am fully aware of the risks and hazards involved.
2. I represent and warrant that I have no medical condition which would prevent my full participation in the Yoga classes.
3. That as a student of Yoga, I will give my highest attention to the maintenance of a non-competitive, non-aggressive practice reflecting compassion and love for self and others. If I move with care, intelligence, courage, applied safety and self ownership, injury is unlikely. I agree that I am fully responsible for the outcome of my Yoga practice, including any risks, injuries or damages, known or unknown, which might occur as a result of participating in the Yoga classes.
4. In consideration of being permitted to participate in the Yoga classes, I knowingly, voluntarily, and expressly waive any claim I may have against Crystal Rivers, E-RYT and \_\_\_\_\_ for injury and damages that I may sustain as a result of participating in the Yoga classes.
5. I, my heirs, assigns or legal representatives forever release, waive, discharge and covenant not to sue Crystal Rivers, RYT or \_\_\_\_\_ for any injury or death caused by their negligence or other acts.

I have read the above Agreement & Release of Liability. I fully understand its contents & voluntarily agree to the terms listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Student Information

Any information you share on this form will be held in the strictest confidence and is for the purposes of enhancing your yoga experience.

Full Name: \_\_\_\_\_ Name You Prefer to be Called: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Birth date: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Do you have any health concerns that we should be aware of? Please list (use back of page if you need more space):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

May we email you notice about specials, events, etc?                      Yes                      No