

The Yoga Place

INFORMATION and RELEASE & WAIVER OF LIABILITY FORM

Date: _____

Full Name: _____

Please provide to stay connected with updated class/workshop info

Email address: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work: _____ Birthday _____

Yoga experience: _____

Emergency contact: _____

Are you a high school or college student? _____

Do you have any previous injuries or medical conditions that your teacher should be aware of?

HOW DID YOU HEAR ABOUT **The Yoga Place**? _____

(OVER)