

Ananda Bhav Yoga New Student Registration Form

Please print very legibly!

Date: _____

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Please provide one of the following phone numbers:

(H) _____ (W) _____ (C) _____

Person to contact in case of emergency: _____

Email Address: _____
(for studio updates only)

How did you hear about us? _____

Do you currently have any medical conditions we should know about? (Please list here:)

Have you done yoga before? Tell us about your previous yoga experience (what style, how many years, etc.) _____

Why are you interested in exploring a yoga practice? _____

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, _____, hereby agree to the following:
Print Name

- 1) That I am participating in Yoga Classes, Health Programs or Workshops offered by Ananda Bhav Yoga, Inc. during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the possible risks and hazards involved.
- 2) I understand that it is my responsibility to consult with a physician prior to and regarding my participation in Yoga Classes, Health Programs or Workshops. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in Yoga Classes, Health Programs or Workshops.
- 3) In consideration of being permitted to participate in Yoga Classes, Health Programs or Workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.
- 4) In further consideration of being permitted to participate in Yoga Classes, Health Programs or Workshops, I knowingly, voluntarily and expressly waive any claim I may have against Ananda Bhav Yoga, Inc. for injury or damages that I may sustain as a result of participating in the program.
- 5) I, my heirs, or legal representatives forever release, waive, discharge and covenant not to sue Ananda Bhav Yoga, Inc. for any injury or death caused by their negligence or other acts. 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.

DATE

SIGNATURE OF PARTICIPANT

If participant is under 18:

AS LEGAL GUARDIAN OF _____, I CONSENT TO THE ABOVE TERMS AND
CONDITIONS.

DATE

SIGNATURE OF PARENTS/GUARDIAN OF PARTICIPANT

WITNESSED BY: _____