



## Student Release and Waiver of Liability

I acknowledge and agree that I will be practicing in the Yoga classes and/or workshops offered by UpDog Yoga, Inc. (hereafter the "Center") during which I will receive instruction and information about Yoga. I recognize that Yoga requires physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved. Further, I acknowledge and agree that during my participation in the classes and workshops instructors may physically adjust me. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Center's classes and workshops.

In consideration with being permitted to participate in the Center's classes or workshops, I voluntarily agree to assume all risk of injury, illness, death, damage or loss to person or property (including economic losses) which may result in any way from my participation in the Center's classes and workshops.

In further consideration of being permitted to participate in the Center's classes and workshops, I forever release and discharge the Center and its affiliates, agents, officers and employees from any and all claims, demands or liabilities of any type, present or future, known or unknown, suspected or unsuspected, anticipated or unanticipated, arising from or relating to my participation in the Center's classes and workshops including, but not limited to, any claims, demands or liabilities arising from the negligence of the Center.

I understand and agree that this Release and Waiver applies to any and all of my uses of and activities at the Center including, but not to, observation and inspection of the Center, use of the premises and any equipment or other items located at the Center, my participation in any classes and workshops, and entering or exiting the Center.

I have read and fully understand the Release and Waiver, and have executed it voluntarily and without coercion.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent or guardian if under age 18)

Print Name: \_\_\_\_\_

Student's Name (if applicable): \_\_\_\_\_

## New Student Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

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

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

How did you hear about UpDog Yoga?

Internet  Newspaper  Sign  Mail

Another Student, name of student \_\_\_\_\_

Other, please specify \_\_\_\_\_

Have you practiced Yoga before?  Yes  No

If yes, for how long and with whom? \_\_\_\_\_

What do you hope to gain from Yoga? \_\_\_\_\_

How would you rate your overall health?

Excellent

Above Average

Average

Below Average

Poor

How would you rate your overall level of stress?

Frequently feel overstressed and tired

Occasionally feel stressed

Rarely feel stressed

Am always calm and serene

Are you pregnant?  Yes  No

Do you get headaches?  Yes  No

Have you ever been treated for neck pain?  Yes  No

Have you ever been treated for back pain?  Yes  No

Are you in pain now?  Yes  No

If yes, please specify location and cause of pain \_\_\_\_\_

Is there anything else you would like us to know to help us guide you in your practice?

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