



## NEW STUDENT FORM

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

City/Province: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Birth Date (MM-DD-YY): \_\_\_\_\_ Email: \_\_\_\_\_

Would you like to receive news and special promotions from Kalyana Yoga Shala? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you new to Yoga? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you hear about the Kalyana Yoga Shala?

\_\_\_\_\_

Physical Ailments/Injuries:

\_\_\_\_\_

Are there other programs/classes (times of class) you would like to see offered at Kalyana Yoga Shala?

\_\_\_\_\_

Other Comments:

\_\_\_\_\_

### PLEASE READ CAREFULLY

#### **Kalyana Yoga Shala New Student Agreement of Release and Waiver of Liability**

I Hereby agree to the following: •That I am participating in the Yoga Classes, Health Programs or Workshops offered by Kalyana Yoga Shala 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 risks and hazards involved. •I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the 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 the Yoga Classes, Health Programs or Workshops. •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. •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 Kalyana Yoga Shala for injury or damages that I may sustain as a result of participating in the program. •I, my heirs or legal representatives forever release waive, discharge and covenant not to sue Kalyana Yoga Shala for any injury or death caused by their negligence or other acts. •I release and discharge Kalyana Yoga Shala, its directors and its instructors from any and all liability, claim, demand or action that I may have related to the loss, theft or damage of any of my personal property from Kalyana Yoga Shala's premises. •I have read the above release and waiver liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

**Please consider the following:** •Help us keep the Kalyana Yoga Shala a **scent free environment** •Please refrain from using one use plastic water bottles •Please observe silence in the Yoga Room.

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

Date: \_\_\_\_\_

**Participants must be 14 years of age or older to participate in regular programming. If the participant is under 18 years of age:**

As a legal guardian of \_\_\_\_\_, I consent to the above terms and conditions.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_