



WHOLEHEARTED  
YOGA & WELLNESS CENTER

## New Student Information Form

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

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Yoga Experience:       Beginner       Intermediate       Advanced

Do you have any medical restrictions or conditions?       Yes       No

If yes, please explain:

Is there anything specific you are looking to gain from yoga?

Would you like to receive email communication & upcoming events notifications?

## Wholehearted Yoga and Wellness Disclaimer

I hereby consent as a participant in Wholehearted Yoga and Wellness Center classes and agree to assume all of the risks involved. I release Wholehearted Yoga and Wellness Center from any known or unknown injury, accident, or hazard, previously, during or after participation in a in a Wholehearted Yoga and Wellness Center class and/or training or related activities: and I can not hold Wholehearted Yoga and Wellness center (WholeheartedPharm LLC), affiliated teachers, or location host, personally responsible for any liability.

I recognize that any form of physical activity has the potential risk of injury. I hereby affirm that I am voluntarily participating in a Wholehearted Yoga and Wellness Center activity with the knowledge of the risk involved. I assume and accept any risks of injury and hazards. I hereby affirm myself to be in physical condition to practice in Wholehearted Yoga and Wellness with no medical condition or injury preventing me from participating. I declare that I have disclosed any medical issues to Wholehearted Yoga and Wellness and/or their affiliates relevant to participation or have been cleared by a physician to participate in class and/or training.

\_\_\_\_\_(Initial)

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

