

New Student Registration/ Liability Waiver

(Please print clearly) Name:		Birth date:	
Address:			
City:		Zip:	
Phone:		Ok to Text?	YES or NO
Email:		Ok to Email?	YES or NO
Emergency Contact Name:		Phone Number:	
Relationship:		How did you hear about us?	
How long have you been practicing yoga?			
Would you be interested in teaching at Sacred Rebel?	YES or NO	Are you a certified instructor now?	YES or NO
is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, discontinue the activity and ask for support from the instructor. Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended, and is not safe, under certain medical conditions. I understand it is my responsibility to consult with a physician prior to, and regarding my participation in, Yoga Classes. I certify that I am physically fit and I have not medical condition, which would prevent my full participation in Yoga Classes. I will make the instructor aware of any medical conditions or physical limitations before every class. If I am pregnant, become pregnant or I am post-natal surgical, my signature verifies that I have my physician's approval to participate. I affirm that I alone am responsible to decide whether to practice yoga and understand that participation is at my own risk. I my heirs or my legal representatives, hereby agree to forever irrevocably release and waive any claims that I have now or may have hereafter against Sacred Rebel Yoga Studio, LLC, its staff, employees, instructors and lease holders. I have read and fully understand and agree to the above terms of this Liability Waiver Agreement and voluntarily agree to the terms and conditions above as a consideration for participation in Yoga Classes. I acknowledge and recognize that my signature serves as a complete and unconditional release of liability to the greatest extent allowed by law in the State of New Mexico.			
I further understand that recordings for marketing	from time to time, Sacred Rebel Yoga purpose. I hereby authorize Sacred Rohs, personal narrative, interviews or an opensation.	ebel Yoga Studio, LLC. or its as	signs to use and
Client Signature*		gnature his form prior to attending Sacred Reh	Date