



**LAURA
SCHULTZ
YOGA**

New Student Intake Form

Name _____

Address: _____

Phone: _____

Date of Birth: _____

Email Address: _____

Occupation: _____

Any Accidents, Medical Injuries, or Conditions?

Please list any medications you are taking:

Emergency Contact Name & Number:

Are you pregnant or trying to become pregnant?

What do you hope to gain from yoga?

Voluntary Participation: I, the undersigned, acknowledge that I have voluntarily chosen and requested to participate in yoga classes with Laura Schultz Yoga.

Acknowledgement: The safety and well-being of all students is of the highest priority during class time. I am aware that participation in yoga may be hazardous. As with all fitness programs, I am aware that a physician's approval is necessary. I am voluntarily participating in these activities with knowledge of the risks of injury. I assume all responsibility and liability for any and all injuries that I may sustain due to my participation in any class.

Release: In consideration for being permitted to participate in yoga class, I agree that I, my heirs, assignees, guardians, and legal representatives will not make any claim against, sue, or attach the property of "Laura Schultz Yoga" from any and all actions, cause of action, lawsuits, claims, or demands that I, my assignees, heirs, guardians, and legal representatives now have associated with my participation in any activity with Laura Schultz Yoga.

I have carefully read this agreement and fully understand its contents. I have signed this release freely and voluntarily. I am aware and agree that it is a complete release of liability for any injuries or damages I may sustain due to yoga with Laura Schultz Yoga.

Signature: _____

Date: _____