



New student information

Date _____ *

First name _____

Last name _____

Phone number _____

Address _____

City _____

State _____

Zip _____

Email _____

Birthday _____

Gender Male Female

Referred by** _____

Emergency contact information

Name _____

Relationship _____

Phone _____

Email _____

Release of Liability: In signing below I agree that YogaSource is in no way responsible for the safe-keeping of my personal belongings while I attend class. I understand that classes at YogaSource may be physically strenuous and I voluntarily participate in them with full knowledge that there is risk of personal injury, property loss or death. I agree that neither I, my heirs, assigns or legal representatives will sue or make any other claims of any kind whatsoever against YogaSource, its staff or its members for any personal injury, property damage/loss or wrongful death, whether caused by negligence or otherwise.

Release of Liability- Signature _____

* Your second class is complimentary if taken within 6 days of today's date.

** Let us know if one of our current students referred you and they will receive a free class!!!