



# OM Yoga Space - New Student Form

PLEASE TAKE A MOMENT TO FILL THIS OUT COMPLETELY - Thank you!



### CONTACT INFORMATION

Last Name _____	First Name & Initial _____
Address _____	City _____
Province _____	Postal Code _____
Home Phone (_____) _____	Work Ph. (_____) _____
Cell Phone (_____) _____	Birth Date ____/____/____ (mm/dd/yy)

### EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

### INTERESTS

We currently have a great monthly e-mailing list informing students about upcoming events at the studio. We would be happy to include you in the communication if you are interested.

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

What would you like to be kept up-to-date about? *(check all that apply)*

Schedule Updates _____	Workshops _____	New Products _____	Special Guests _____
Yoga Retreats _____	Teacher Training _____	Other: _____	

### SAFE PARTICIPATION

You hold the ultimate responsibility for your own wellbeing. This class/workshop/program is not intended to replace professional medical advice/treatment. If you have any doubt about your wellbeing always stop doing anything that causes you discomfort. Always avoid anything that causes pain or injury. This yogic principle is called Ahimsa, meaning, "do no harm".

Do you have any conditions (medical, psychological, spinal or pregnancy) that will limit your ability to safely participate?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If yes, please indicate: \_\_\_\_\_

Please ensure that you are sufficiently knowledgeable about your condition/pregnancy to judge how to participate safely. If you are unsure please consult your health care provider **before** your first class.

***\*Please notify us if there are any changes to the above (address, physical condition etc)***

**HAVE YOU EVER TRIED YOGA BEFORE?** **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**HOW DID YOU FIND OUT ABOUT US** *(check all that apply)*

Internet _____	Passing By/Street Sign _____	Newspaper _____	Phone Book _____	Flyer _____
Friend name: _____		Other: _____		

### RELEASE OF LIABILITY (Please Read!):

OM Yoga Space is a very safe place with qualified instructors, yet for legal reasons we ask you to agree to the following:

In signing below I agree that the OM Yoga Space/Manipura Studio is in no way responsible for the safekeeping of my personal belongings. I understand that classes may be physically strenuous and I voluntarily participate in them with full knowledge that there is risk of personal injury, property loss or otherwise. I agree that neither myself, my heirs, assigned or legal representatives will sue or make any other claims of any kind whatsoever against the OM Yoga Space /Manipura Studio or its members for any personal injury, property damage/loss, or otherwise, whether caused by negligence or otherwise.

**Release of Liability - Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

***If under 18: Signature of Guardian \_\_\_\_\_ or letter of permission attached (?)***