Binghamton Yoga

New Student Information

Last Name First Name

Street Address City

State Zip Telephone Number

Email

Emergency Contact Name Emergency Contact Phone Number

How did you hear about Binghamton Yoga? _____

Do you have any injuries or medical conditions that may limit your ability to engage in exercise/yoga? Yes No (circle one)

If yes, please describe: _____

_____

_____

I am aware that Binghamton Yoga is here to serve me by providing instruction in the practice of yoga. I acknowledge that I do not have any restrictions that prevent my participation in yoga and that it is my responsibility to inform Binghamton Yoga of any changes in my health that would affect my ability to participate in classes. I understand that the practice of yoga involves physical movement which may from time to time be strenuous, and that such practice carries some risk of injury. I understand that part of the risk involved in the practice of yoga is relative to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care, and skill with which I engage in the practice. By my participation in classes at Binghamton Yoga I agree to take full responsibility for not exceeding my limits in the practice of yoga, and for any injury I might suffer while participating in classes. I acknowledge that it is my responsibility to inform the instructor immediately if any injury occurs during class. I understand that instructors may physically adjust students' form during class. If I do not want such physical adjustments, it is my responsibility to inform the instructor at each class. In acknowledgement of the fact that such participation is entirely voluntary on my part, I do hereby expressly release and discharge Binghamton Yoga, and its instructors, owners, and staff from any and all claims, demands, causes of action, and fees which I have ever had, now have, or may or claim to have arising out of my participation in yoga classes at Binghamton Yoga.

Date _____ Signature _____

IF UNDER 18 YEARS OF AGE

As legal guardian of _____ I consent to the above conditions.

Date _____ Signature _____