

White Iris Yoga LLC
5 Dulce Rd.
Santa Fe, NM 87508
719-686-9642 (YOGA)
www.whiteirisyoganm.com

NEW STUDENT INTAKE FORM

NAME _____ (please print
clearly)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CODE _____

CONTACT PHONE # _____

Emergency contact # _____

EMAIL: _____

Referred by: _____

AGREEMENT AND RELEASE OF LIABILITY

I, _____ hereby agree to the following:

(PRINT FULL NAME)

1. I am participating in the yoga classes, workshops and other events offered by White Iris Yoga LLC during which I will receive information and instruction about yoga and health. I recognize yoga requires physical exertion which may be strenuous and may cause physical injury. I am fully aware of risks and hazards involved.
2. I understand that it is MY responsibility to consult with a physician prior to and regarding my participation in yoga classes, workshops and other classes and events. I represent that I am physically fit and have NO MEDICAL condition that would prevent my participation in yoga classes, workshops and other events.
3. I agree to accept FULL responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in yoga classes, workshops and other events.
4. I knowingly, voluntarily and expressly WAIVE any claim I might have against White Iris Yoga LLC for injury or damages that I might sustain as a result of participating in the yoga classes, workshops or other events.
5. I, my heirs or legal representatives forever release, waive, discharge and covenant NOT to sue White Iris Yoga LLC for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and FULLY understand its contents. I voluntarily agree to the terms and conditions stated above.

If participant is under 18 yrs. of age AS Legal Guardian of _____

I consent to the above conditions.

DATE

SIGNATURE