



BY BETHANIE

New Student Information Sheet

Please fill out completely before you participate in Yoga

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____ Phone (h) _____

Email _____ Phone (m) _____

Emergency Contact _____ Phone _____

Have you ever participated in yoga? Yes No

If Yes, when and how often? _____

Do you have any medical restrictions or conditions that prevent participation? Yes No
(If yes, please explain on back)

What are you looking for from yoga? _____

Yoga Activity Disclaimer

I hereby consent as a participant in Yoga by Bethanie, LLC and Bethanie Meredith yoga classes and agree to assume all of the risks involved. I understand that Yoga by Bethanie, LLC and Bethanie Meredith does not provide medical insurance relative to accidents, injuries, and/or death as a result of program related activities; and that I cannot hold Yoga by Bethanie, LLC, Bethanie Meredith, or affiliated Yoga by Bethanie, LLC or Bethanie Meredith teachers or host sites personally responsible for any liability. _____ **(initial)**

I recognize that any form of physical activity is a potentially hazardous one, and that they involve a risk of possible injury or even death. I hereby affirm that I am voluntarily participating in these activities with the knowledge of the risk involved. I agree to expressly assume and accept any and all risks of injury and/or death. _____ **(initial)**

I hereby affirm myself to be physically sound and suffering from no condition, ailment, impairment, disease, or other illness that would prevent my participation in Yoga by Bethanie, LLC and Bethanie Meredith yoga activities, I declare that I have disclosed any and all relevant medical history to Yoga by Bethanie, LLC and/or their affiliates relevant to participation. _____ **(initial)**

I agree that Yoga by Bethanie, LLC and Bethanie Meredith may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. _____ **(initial)**

I agree that Yoga by Bethanie, LLC and Bethanie Meredith may use touch therapy and/or hands on adjustments as needed for proper alignment and/or additional stretch. _____ **(initial)**

Participant

Date

Parent/Guardian Signature
For parents/guardians of participants under the age of 18

Date