



# Studio 221 Yoga, Wellness, & Community

Name \_\_\_\_\_ Date \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Do you have any injuries, illnesses, or physical limitations we should know about?

What are some of your goals in learning yoga?

## Waiver

As a student of Studio 221, I will give my highest attention to the maintenance of a non-competitive, non-aggressive practice reflecting compassion and love for self and others. If I move with care, intelligence, courage, applied safety and self-ownership, I understand that injury is unlikely. If I experience any pain or discomfort, I will listen to my body and discontinue the activity. Should injury occur, Studio 221 and all owners, teachers, employees and affiliates are absolved of all responsibility. I assume full responsibility for the outcome of my yoga practice, including any and all damages, and I hereby commit to educating myself to the best of my ability. By signing below, I affirm that a licensed medical practitioner has verified my health and physical condition to be suitable for the practice of yoga.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_