



Student Name: _____

Email: _____

Phone: _____ Birthday: _____

Address: _____

City: _____ State: _____ Zip: _____

Newsletter signup? Yes/No (circle one)

How did you hear about Providence Yoga? _____

Who referred you to the studio? _____

What type of yoga or fitness class have you practiced? _____

Please list any concerns, injuries or past surgeries: _____

I, _____ the undersigned, acknowledge the existence of certain inherent risks in yoga and fitness training. And hereby agree to assume all said risks. The undersigned acknowledges that Providence Yoga and Providence Apothecary is only a lessor of the premises in which the undersigned will engage in yoga and/or fitness training. The undersigned explicitly relieves and holds Providence Yoga and Providence Apothecary, its partner, its management, its instructors, its tenants, and other students harmless from liability resulting from personal injury to the undersigned and/or loss of the undersigned's personal property, whether caused by negligence or otherwise.

The undersigned hereby represents that he/she is physically sound and that he/she has medical approval to participate. If specific medical problems require such approval that the undersigned proceeds with this type of training, undersigned agrees to promptly notify Providence Yoga and Providence Apothecary in writing of any medical condition, ailment, or symptoms that may develop or manifest after the date below, and that may affect the fitness of the undersigned.

Signature

Date