



Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone home/cell (circle) \_\_\_\_\_ Birth date \_\_\_\_\_ Gender  Female  Male

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

Check here to receive e-news updates, announcements and specials, (1-2 times each month). *Eugene Yoga is committed to the privacy of our clients. We will not sell or give out your email without your permission*

Check here if you DO NOT want your yoga teacher(s) to have access to your emails.

Please list any current injuries, chronic conditions or other health related issues that may challenge (or inspire!) your yoga practice

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about Eugene Yoga?  Our Website  Facebook  Eugene Weekly  Tamarack Wellness Center

Word of Mouth  Friend Referral (Name) \_\_\_\_\_  Other \_\_\_\_\_

Please Read and Sign:  
I, \_\_\_\_\_, hereby agree to the following:  
*(Please Print Full Name)*  
That I am participating in the yoga classes, workshops, and/or other movement and exercise programs offered at Eugene Yoga.  
I recognize that yoga and other movement classes require physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risk involved.  
It is my responsibility to consult with a physician prior to and regarding my participation in any of the programs offered at Eugene Yoga.  
It is my responsibility to listen to my body, choose classes appropriate to my level and experience, and to work at my own capacity in each class.  
I knowingly, voluntarily and expressly waive any claim I may have against Eugene Yoga, the individual teachers of the facility, the program director, or the owners of the facility for injury or damages that I may sustain as a result of participating in this program.  
**Signature of Participant** \_\_\_\_\_ **Date** \_\_\_\_\_

If under 18: *(please have Parent/Guardian fill out below)*  
As legal guardian of \_\_\_\_\_, I consent to the above terms and conditions.  
**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_