

KRAMA YOGA CENTER

ENTERED _____ SCANNED _____ PKG _____

**NEW STUDENT WAIVER
PLEASE PRINT CLEARLY**

First Name: _____ Last Name: _____

Street: _____ City: _____ State: ____ Zip: _____

Mobile Phone: _____ Home Phone: _____

Email: _____

Student Birthday: ____/____/____ Reason for visiting: _____

Circle your experience level: First Time Beginner Intermediate Expert

Injuries, Pain, Limitations: _____

How did you hear about us: _____

Emergency contact, relationship + phone number: _____

- (1) I understand that it is my responsibility to consult with a physician prior to and regarding my participation in yoga classes. I represent and warrant that I am physically fit and have no medical condition which would prevent my participation in yoga classes.
- (2) I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of my participation in yoga classes.
- (3) I will be responsible for all personal items and will not hold Krama Yoga Center, LLC and its owners, directors, officers, advisors, employees, agents, volunteers, babysitters, and all other persons or entities acting for them responsible for said effects in the event of their loss or theft.
- (4) I give Krama Yoga Center the express permission to take and use photos and videos of my likeness in advertising/marketing (website, flyers, etc.), or evidence in any litigation.

Signature: _____ Date: _____