



Client Information Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Birthday: Month _____ Day _____

Emergency Contact: _____ Phone: _____

I would like to receive email at _____

I learned about Kernersville Yoga from Flyer ___ Friend ___ Internet ___ Facebook ___

Instagram ___ Twitter ___ Other _____

Please list all medical/health issues, injuries, or special needs you may have.

Liability and Risk Waiver

I am physical sound to proceed with instruction in Yoga. Yes No

I declare myself to be responsible for my own health and safety while participating in class.

Yes No

I understand the importance of keeping my teachers informed of any health concerns. Yes No

I agree to assume full responsibility for risks, injuries, or damages, know or unknown, which I might incur as a result of participating in the program. Yes No

I recognize that yoga class and workshops may require physical exertion, which may be strenuous and could result in physical injury, and I am fully aware of the risks and hazards involved. Yes No

I knowingly, voluntarily, and expressly waive any claim I may have against Kernersville Yoga for physical injury or damages to myself or personal property that I may sustain as a result of participating in this program. Yes No

I have read the above release waiver of liability and fully understand its contents.

Signature Date

Photo Release: I agree to grant to Kernersville Yoga permission to record on film and/or video, pictures of my participation. I further agree that any or all of the material photographed may be used, in any form, as part of any future publications, brochure, or other printed materials used to promote Kernersville Yoga without payment of fees, royalties, special credit or other compensation.

Yes No