

Julie Rosier Yoga

Student Information Sheet
(Please Print)

Name _____ Class Day & Time _____

Address _____ City _____ Zip _____

Phone: Home _____ Work _____ Email _____

Please note any current medical &/or physical conditions of which I should be concerned or aware and/or that limit your participation in yoga.

Why do you want to take this yoga class? What would you like to learn? What do you hope to accomplish? _____

What other physical activities or sports do you pursue? _____

Have you taken a yoga class before? _____ When & where? _____

How did you hear about this class? _____

Please lock valuables in the trunk of your car. Thanks!

Waiver of Liability

I agree to take full responsibility for not exceeding my limits in the practice of yoga, and for any injury or discomfort I might experience in the practice of yoga. I accept that it is my responsibility to ascertain if there are any medical reasons why I should not study and practice yoga. I understand that I may injure myself during yoga class. I hereby waive any claim that I might have at any time for injuries of any sort against Julie Rosier, Yoga Instructor, Kathryn Clarke, Yoga Instructor or any substitute yoga instructor and the owners of any properties in which they teach yoga. I, my heirs or other legal representatives forever release, waive, discharge and covenant not to sue Kathryn Clarke or Julie Rosier, for any injury or death caused by her negligence or other acts.

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

Signature _____ Date _____

If participant is under 18: As legal guardian of _____,
I consent to the above terms and conditions.

Signature of guardian _____ Date _____