



For Office Use Only:

Entered in MB ·

Notes: _____

Coupon Used _____

New Client Information

*****Please fill out the following information online, print, and bring in with you for your first Class!**

Date: _____

Last name: _____ First Name: _____

Address _____ City: _____ Zip _____

Phone: (H) _____ (C) _____ (W) _____

Email: _____ Age: _____ Date of Birth ____/____/____

Emergency Contact:

Name: _____ Relationship: _____ Cell _____

How did you find us? · Internet(Which site) _____ · Flyer/Ads(Which one) _____

· Event (Which one) _____ · Friend (Who) _____

What are you hoping to achieve: (Check all that apply)

· Weight Loss · Stress Relief · Chronic Pain Relief · Improve Balance · Better Sleep

· Increase Strength · Increase Flexibility · Other _____

Do you have any physical limitations or injuries that could be aggravated by yoga/exercise?

· Yes · No If yes, explain: _____

What type of yoga experience do you have (style, level, location)? _____



Release and Waiver of Liability

I _____ hereby agree to the following:

1. That I am participating in the Lotus Loft Yoga/Workshop, during which I will receive information and instruction about yoga and health. I recognize that yoga may require some physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Yoga Class or Workshop, especially if you are pregnant. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in the Yoga Class/Workshop, regardless of the class type or level of the class, i.e. Hot Vinyasa, Vinyasa, Yin, or Restorative.
3. In consideration of being permitted to participate in the Yoga Class or Workshop, I agree to assume full responsibility for any risks, injuries or loss, known or unknown, which I might incur as a result of participating in the program.
4. In further consideration of being permitted to participate in the Yoga Class/Workshop, I knowingly, voluntarily and expressly waive any claim I may have against Lotus Loft, its owners, and class/workshop Sponsor, for any injury or damages that I may sustain as a result of participating in the program.
5. I, my heirs or legal representatives, forever release, waive, discharge and covenant negligence/other acts.

I have read the above release and waiver of liability and fully understand its contents, as well as, the Refund/Cancellation and Make-up Class Policies. I voluntarily agree to the terms and conditions stated above. I am aware that by signing this release and waiver of liability, I am giving up substantial rights, including my right to sue and certain legal rights my heirs, next of kin, executors, administrators and assigns may have against any Lotus Loft employee.

***** AS A NEW CLIENT, YOU WILL RECEIVE YOUR SECOND CLASS FREE, FIRST CLASS FOR \$15 OR ONE WEEK UNLIMITED FOR \$25, WHICH MAY NOT BE COMBINED WITH ANY OTHER OFFER. THE SECOND CLASS MUST BE USED WITHIN 8 DAYS, OR IT WILL EXPIRE.**

Client initials

REGISTRANT'S SIGNATURE: _____ DATE: _____

If registrant is under 18 a legal guardian's authorization is required:

AS LEGAL GUARDIAN OF _____ I CONSENT TO THE ABOVE TERMS AND CONDITIONS.

GUARDIAN'S SIGNATURE: _____ DATE: _____

