

BE YOGA & WELLNESS NEW STUDENT FORM

Name _____
Address _____
City, State, Zip _____
Phone Number _____
Email _____

Be Yoga will never sell or share your email address.

Date of Birth (Please include year!) _____

****How did you hear about us? Internet Site** _____

****Friend** (please put their name, so we can give them points) _____

Be Yoga Staff _____ Other _____

Emergency Contact Name _____

Relationship _____ Phone # _____

I agree to inform my teacher of any medical condition, injury, or pregnancy. Please list any of these that you are currently experiencing

I understand that yoga includes physical movements. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher.

If the participant is a minor, I agree that the minor has my consent to participate in the event. I further provide my consent for Be Yoga teachers or staff to seek emergency treatment for the minor if necessary. I agree to accept financial responsibility for the costs related to this emergency treatment.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Be Yoga or any of its instructors.

Signature of Student (Parent or Guardian if a Minor) Date

Be Yoga and Wellness LLC 1247 East Blvd., Upstairs, Charlotte, NC 28203	Be Yoga and Wellness LLC 7510 Pineville-Matthews Rd, Suite 1B Charlotte, NC 28226
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Key Card Number: _____ Pass Purchased _____ Membership (if applicable) _____