



LAVANYA YOGA

New Student Form

****PLEASE TAKE A MOMENT TO READ AND COMPLETELY FILL OUT THIS FORM****

(Please read!) Release of Liability: I understand that yoga may be physically strenuous and I voluntarily participate with full knowledge that there is risk of personal injury, property loss or death. I assume all of the risks and accept personal responsibility for any and all damages resulting from these activities, including injury, permanent disability or death. I declare that I am in good health and understand that I should seek the advice of a doctor before beginning exercise activities such as yoga. For myself, my heirs, assigns and representatives, I release, waive, discharge, and promise not to make claims against, Raina Van Cleave (doing business as Lavanya Yoga) respecting any and all demands, losses or damages on account of personal injury, including death or damage to property, whether arising from negligence or otherwise. I agree that Lavanya Yoga is in no way responsible for the safekeeping of my personal belongings while I attend a yoga session.

Required: Release of Liability - Signature: _____

BASIC INFORMATION (Please print legibly!)

Last Name _____
First Name _____
Address _____
City _____ State _____ Zip Code _____
Work Phone Number _____ Ext _____
Home Phone Number _____
E-mail Address _____
Birth Date _____

How did you find out about Lavanya Yoga? (circle one)
Internet Advertisement Friend _____ Other _____

EMERGENCY CONTACT

Emergency Contact Name _____ Relationship _____
Phone Number _____

RAINA VAN CLEAVE

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