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Drop-in 5-Pass 10-Pass Week-UL Month-UL Year
 Cash Debit Credit Cheque
 Entered in MB
 Quick Entry

NEW STUDENT WAIVER

Contact Details (please print clearly)

First Name _____ Last Name _____

Date of Birth _____ Phone # _____

Address _____

Email (optional) _____

Would you like to receive emails regarding events, specials and studio news? YES NO

Emergency Contact Name _____ Phone # _____

What is your experience with Yoga? Beginner Intermediate Advanced

How did you hear about us? Friend Facebook Website Signage Other

Medical History

Has your doctor or health professional ever told you that you have the following?
 (please circle all that apply to you)

Heart Disease High Blood Pressure High Cholesterol

Arthritis or any other bone/joint problem Glaucoma Diabetes

Are you pregnant? YES NO

Please list any other health conditions not mentioned above _____

RELEASE AND WAIVER OF LIABILITY

I agree to the following:

1. The information that I have provided above is complete and accurate.
2. I understand that I am participating in yoga sessions offered by The Yoga Studio, during which I will receive instruction about yoga, health and wellness. I recognize that yoga requires physical exertion that can be strenuous and I am fully aware of the risks involved.
3. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in yoga activities. I assume full responsibility for any injuries or damages, known or unknown, which I might incur as a result of participating in yoga activities. I knowingly, voluntarily, and expressly, waive any claim I may have now or in the future against The Yoga Studio and all of its teachers for any injury or damages that I may sustain as a result of participating in the classes.
 All passes are non-refundable.

Signature: _____ Date: _____

****If the participant is under the age of 18 years:***

Signature of Parent/Guardian: _____ Date: _____