



# Agahatha Yoga, LLC.

## New Student Form:

Last Name: \_\_\_\_\_ FirstName: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### CONTACT INFORMATION:

Telephone#: \_\_\_\_\_

Email: \_\_\_\_\_ (very important!)

Your Birthdate: \_\_\_\_\_

Any Medical Conditions or Injuries: \_\_\_\_\_

Allergies: \_\_\_\_\_

### OTHER INFORMATION:

Have you practiced yoga before? YES NO If Yes, Style? Basic Hatha Ashtanga  
Iyengar Hot/Bikram Multiple Other: \_\_\_\_\_

Are you a yoga teacher? YES NO Interested in becoming a yoga teacher? YES NO

How did you hear about us? (circle all the apply) Friend Internet Driving by  
Other: \_\_\_\_\_

### (Please read!) Release of Liability:

In signing below, I agree that Agahatha Yoga LLC is in no way responsible for the safekeeping of my personal belongings while I attend class. I understand that classes at Agahatha may be physically strenuous, and I voluntarily participate in them with the full knowledge that there is risk of personal injury, property loss, or death. I agree that neither I, my heirs, nor assigned legal representatives will sue or make any other claims of any kind whatsoever against Agahatha Yoga or its members for any personal injury, property damage/loss, or wrongful death, whether caused by negligence or otherwise. Any photos taken during Yoga Classes, Workshops and/or Yoga Teacher Training can be used by Agahatha Yoga.

**I confirm that I have read and understand all the terms in this document. That I am at least 18 years of age and that this waiver and release is binding upon me, my heirs, and personal representatives.**

Release of Liability - Signature\* \_\_\_\_\_ Date: \_\_\_\_\_

\*For students under 18 years, please have parent sign

Emergency Contact II: \_\_\_\_\_ Name/Relationship: \_\_\_\_\_