

Yoga with Tim Stringer :: **New Student Form**

Contact Information

Name: _____
Address: _____
City: _____
Province/State: _____ Postal/Zip Code _____
Phone: Home () _____ Work/Mobile () _____
E-mail: _____ Add me to the mailing list

Emergency Contact

Name: _____ Relationship: _____
Phone: Home () _____ Work/Mobile () _____

Yoga Experience

Have you participated in yoga classes before? _____ (yes/no)
If yes, which style(s) have you practiced? _____

Release of Liability

Yoga is not a form of medicine or therapy and specific results are not guaranteed. The teacher will do his or her best to guide you safely, but you are solely responsible for your own progress, health and any injury sustained during or as a result of this yoga practice. Please inform your teacher if you have previous injuries/conditions and if you are pregnant. Also check with your health care provider **before** your first class if you have any doubts about your participation in yoga classes or workshops.

By signing below you agree that neither you, your heirs, assigns or legal representatives will sue or make any other claims of any kind whatsoever against Tim Stringer, substitute yoga teachers or the owners of the space in which the yoga class or workshop is conducted for any personal injury, property damage/loss, or otherwise, whether caused by negligence or otherwise.

Release of Liability - Signature: _____ Date: _____

Signature of Parent/Guardian (if under 18): _____