

new student form

Name: _____ Male / Female

Full-time Student, age 22 or under? Y / N Phone: _____

Address: _____

City: _____ ST: _____ Postal Code: _____

Email: _____ Birthdate : _____

Emergency Contact: Name: _____ Phone: _____

How did you hear of Kukee Bliss Yoga? _____

Please note: we do not share or sell information.

Have you practiced yoga before? YES / NO Hot yoga? YES/ NO

Please circle "no touch" if you prefer not to be assisted during class. NO TOUCH

Waiver and Release: I (name printed above) understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. I agree and acknowledge that I am fully aware that participation in these activities involves risks and I accept all the risks of participating. If I experience any pain or discomfort, I will listen to my body and adjust the posture. If I am still feeling uncomfortable I am always free to leave the yoga room. Yoga is not a substitute for medical attention, examination, diagnosis or treatment. I am aware that it is advisable to consult a physician prior to participating in any physical activity, including yoga. If I have consulted a physician, I have taken the physician's advice. I acknowledge that physical activity 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 Southern Om or any of its agents, officers, employees or volunteer staff. If the participant is under 18 years of age: As a parent or guardian of the participant child, I authorize the child to participate. I agree that in the event the participant child, or anyone acting on his or her behalf, should make any claim, I will provide the indemnity and hold harmless as described above. In the event of a medical emergency involving the participating child and anyone is unable to contact me, I agree and grant my permission that any medical care may be provided to the participant child.

Signature Date