

New Student Questionnaire

NAME

PHONE

Email:

Date of birth (month, year):

Are there any recent injuries, surgeries or other conditions that I should know about?

WAIVER: I am aware that yoga, like any physical activity, could result in injury. By my participation in yoga classes taught by Diana Woodall or her designate, I agree to take full responsibility for not exceeding my physical limits and for any injury that might occur as a result of participation in class. I have fully informed the instructor of any current or previous medical condition or injury that may affect my participation in class. I hereby waive any claim I might have at any time against the instructor, Diana Woodall, or anyone connected with the premises in any way, for any injury or loss that may occur.

Sign \_\_\_\_\_ date \_\_\_\_\_

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