

NAME: _____

MAILING ADDRESS: _____

HOME PHONE: _____

MOBILE: _____

EMAIL: _____

EMERGENCY CONTACT: _____

You May May Not, contact me via email regarding workshops, retreats, newsletters, and special programs at KamaDeva Yoga.

How did you hear about us????? It is helpful for us to know!!!!

- Promo Card/Flyer Friend/Family Google Search
 Walk-In EH Star Sag Harbor Express
 KamaDeva teacher recommendation Other

I am a:

- Brand New to Yoga Beginner Intermediate Advanced

Styles of Yoga I am interested in/have studied:

- Iyengar Anusara "Vinyasa" Ashtanga Other _____

Ailments/Injuries:

- Bad Back Sciatica Migraine High/Low Blood Pressure
 Stress!!! Asthma Heart Disease General Malaise!
 Other (please specify-additional paper available!!) _____

What is your primary reason for coming to class?

- Stress Reduction Increased Flexibility Spirituality
 Weight Loss Other _____

What other activities do you do/are interested in?

- Running Cycling Tennis Surfing Swimming
 Pilates Horseback Riding Other _____

Release:

I am aware that KamaDeva Yoga is here to serve me by sharing knowledge of Yoga. I recognize that the practice of Yoga may at times be strenuous. By my participation in any of these activities, I present to you that I am physically fit. I agree to take full responsibility for not exceeding my limits and for any injury I might suffer while doing any activity. It is my responsibility to ascertain that there is no medical reason to prevent my participation. In consideration for KamaDeva Yoga operating, I assume full risk for any injuries which I may incur and waive any claim that I might have at any time for injury of any sort against KamaDeva Yoga or any person or entity in any way involved therewith.

I have read and understand the above:

Signature: _____ Date: _____