

Welcome to the Yoga Bungalow New Student Form

Please PRINT Legibly, Thank you!

Full Name: _____ Phone _____ Cell _____

Address: _____

City, State, Zip: _____

Email: _____

How did you hear about us? _____

Emergency Contact: Name _____ Phone: _____

I am aware that the Yoga Bungalow is here to serve me by sharing knowledge. By participating in classes or activities at the Yoga Bungalow, I agree to take full responsibility for not exceeding my limits, and for any injury I might sustain in the practice of yoga, or any other activity at the Yoga Bungalow. It is my responsibility to ascertain that there is no medical reason to prevent my participation. I hereby waive any claim that I might have at any time for injury of any sort against the Yoga Bungalow or any person or entity in any way involved herewith. I have carefully read this release and fully understand and agree to the above.

Signature: _____

Date: _____

If under 18 years of age: As legal guardian(s) of _____, I/we consent to the above conditions.

Signature: _____

Date: _____

Interests (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> healthy back | <input type="checkbox"/> meditation | <input type="checkbox"/> breathwork |
| <input type="checkbox"/> yoga therapy (one-on-one or semi-private, special conditions) | <input type="checkbox"/> ayurveda (yoga's sister science) | <input type="checkbox"/> Retreats
<input type="checkbox"/> local <input type="checkbox"/> international |
| <input type="checkbox"/> singing bowls/sound bath | <input type="checkbox"/> reiki | <input type="checkbox"/> pre/post natal yoga |
| <input type="checkbox"/> others: _____ | <input type="checkbox"/> yoga for guys | |

Thank you for sharing yoga with us!



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