

# The Yoga Loft

## New Student Form

I understand that I am about to participate in a physical yoga practice at The Yoga Loft. I release The Yoga Loft from any responsibility and take full responsibility for my health and physical capabilities.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact  
Number: \_\_\_\_\_

Are there any injuries, surgeries or concerns that would affect your yoga practice today?

How did you hear about us? \_\_\_\_\_

## NEW STUDENT SPECIAL! \$25 FOR TWO WEEKS!

*Two weeks of unlimited yoga or any class at The Yoga Loft (workshops not included), the two weeks begin upon first taking your first class.*

**Yes** sign me up

**No** thank you

Would you like to receive our updates and special announcements? We will not share your email address or send you too much stuff 😊!

Email address: \_\_\_\_\_

Signature: \_\_\_\_\_