

Lauren Urich Yoga New Student Registration
438B N Market Boulevard Chehalis, WA 98532

Name: _____

Address: _____

Cell Phone: _____

Email: _____

Birthday (*Month/Day*): _____

Emergency Contact (*Name, Relationship, Phone Number*):

Please list any injuries, medical conditions, or things we should be aware of:

How did you hear about us? (Circle one) Drive By Google Social Media Referral from _____

What are you hoping to achieve through yoga? (e.g., flexibility, stress relief, strength, mindfulness)

Agreement to Release and Waiver of Liability

I, the undersigned, acknowledge that I am voluntarily participating in yoga classes at Lauren Urich Yoga and that I am physically fit to do so. I understand that yoga involves physical exertion, which can be strenuous and may lead to injury or illness. If I am no longer physically fit or am advised to discontinue classes by a physician or medical provider I will immediately notify Lauren Urich Yoga and discontinue my practice.

By signing this form, I agree to the following:

1. I acknowledge that I have been informed of the potential risks involved in participating in yoga, including the risk of injury or health issues.
2. I affirm that I am in good health or have received medical clearance from a healthcare provider to participate in yoga classes.
3. I will notify Lauren Urich Yoga immediately if my physical health changes, or if a physician advises me to discontinue classes.
4. I understand and accept that it is my responsibility to practice within my own limits, and I will inform the instructor of any concerns or discomforts during class.
5. I agree to release Lauren Urich Yoga, its instructors, and staff from any and all liability for injuries, damages, or health issues that I may experience before, during, or after participating in classes. This includes any risks associated with using the studio's facilities and equipment.
6. I consent to Lauren Urich Yoga's use of photographs and videos taken during class for promotional purposes. *If you do not consent please inform the instructor prior to the start of class.*

In the event of injury or illness, I will indemnify and hold Lauren Urich Yoga harmless from any and all liability, claims, or damages, whether known or unknown, that may arise in connection with my participation in yoga classes.

Signature: _____ Date: _____

Parent/Guardian (if under 18): _____ Date: _____