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**NEW STUDENT CONSENT FORM**

**First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth**: \_\_\_\_\_\_/\_\_\_\_\_\_/ \_\_\_\_\_\_\_

**Home #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell#:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Yoga Experience:** \_\_\_\_ What? Me? Never done before! \_\_\_\_ Beginner \_\_\_\_ Did some long ago

\_\_\_\_ Some Experience\_\_\_ Regular Yoga Practitioner \_\_\_\_ Yogi for many many years

**How did you hear about us?**

\_\_\_\_ Friend \_\_\_\_ Internet Search Engine \_\_\_ Drive by the Studio \_\_\_ Word on the Street \_\_\_ Other

**Please circle your TOP 3 reasons for wanting to practice yoga?**

**Fitness Spiritual Growth Flexibility Stress Reduction**

**Quiet the Mind Depression/Anxiety Spiritual Community Fun**

Waiver of Liability and Assumption of Risk and Consent: The undersigned student (or legal guardian of the student, if the student is under 18 years of age) acknowledges that the practice of yoga, and the use of Infinite Potential (IP) facilities and services, involves inherent risk, and hereby assumes all risks incidental to such activity. By registering to practice yoga at IP, to attend IP events, student(or parent or guardian) are not relying on any representations made by anyone at IP. Student waives any claim or right of action against IP and it's officers, employees and agents for loss, expenses, liabilities, damages or legal fees incurred on account of any loss or injury to the student of the student's property incurred in connection with and/or as a result of the student's attendance at classes conducted at IP and/or the use of IP facilities or services. In consideration of my participation with IP, and as part of the services being furnished to the said Company. I hereby give my consent to be photographed and/or videotaped. The Company is hereby authorized to use or cause to be used said photographs and videos and my name for advertising, publicity, commercial or other business purposes.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

I am over 18 years old? **YES NO**

If student is NOT over 18, release MUST be signed by a parent or legal guardian.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_