

# New Student Form

PLEASE TAKE A MOMENT TO COMPLETELY FILL OUT THIS FORM - thank you!

**(Please Read!) Release of Liability:** In signing below I agree that Urban Breath is in no way responsible for the safekeeping of my personal belongings while I attend class. I understand that classes at Urban Breath may be physically strenuous and I voluntarily participate in them with full knowledge that there is risk of personal injury, property loss or death. I agree that neither I, my heirs, assigns or legal representatives will sue or make any other claims of any kind whatsoever against Urban Breath or its members for any personal injury, property damage/loss, or wrongful death, whether caused by negligence or otherwise.

Release of Liability - Signature \_\_\_\_\_

## NAME & ADDRESS (PLEASE PRINT LEGIBLY!)

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

May we send you notices about events, specials, etc.? Yes No

Medical Conditions: \_\_\_\_\_

## PHONE #'s

Work Ph. (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Hm. Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

## OTHER INFO

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Email address \_\_\_\_\_ (very important!)

May we subscribe you to our e-list for notices about events, specials, etc.? Yes No

How did you find out about us? (circle one)

Friend Internet Driving by Magazine Advertisement Fliers other: \_\_\_\_\_

## EMERGENCY CONTACT

Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

## INTERESTS (circle all that apply)

Yoga Beginner's Yoga Pilates Workshops Retreats Meditations  
Pre/Post Natal Massage Therapy Belly Dance Weight Loss Yoga@Work other \_\_\_\_\_  
T'ai Chi Chih