



Wellness Haven, LLC
YOGA - for your Mind, Body, and Spirit

New YOGA Student Form

(everything in red must be completed)



Location:

San Ramon

Yoga Instructor: Umang Goel

Cell Phone: (925)819-6327

Name & Address:

Last Name _____

First Name _____

M/F (please circle)

Address _____

City _____

State _____ Zip _____

Cell Phone _____

Home Phone (____) _____

Work Phone (____) _____

Birth date ____/____/____

Occupation _____

Email _____

How did you hear about us? _____

Please list details about your health/fitness:

How often do you exercise? _____

What type of exercise do you do? _____

Are you regular with your health checkups? _____

When was your last physical? _____

Are you facing any physical injury?

Knee _____ Back _____ Shoulder _____

Other _____

BP/Hypertension _____

If facing health issues, have you consulted your doctor if you should be doing yoga? _____

Is there anything else you would like to tell us about your health? _____

Yoga Package chosen _____

Emergency Contact:

Name _____ Relationship _____ Phone# _____

Please read and sign - Release of Liability:

In signing below I agree that Wellness Haven, LLC, the Yoga Instructor & the Yoga Facility are in no way responsible for the safekeeping of my personal belongings while I attend class. I understand that the yoga class conducted by Wellness Haven, LLC may be physically strenuous and I voluntarily participate in them with full knowledge that there is risk of personal injury 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 Wellness Haven, LLC, the Yoga Instructor & the Yoga Facility for any personal injury, property damage/loss, or wrongful death, whether caused by negligence or otherwise.

Release of Liability – Signature _____ **Date** _____