

HeartSong Yoga and Wellness Center, LLC
3841 SW Hall Blvd., Beaverton, OR 97005

New Student Profile

Name: _____ Phone: _____
Address: _____ Email: _____
Birthday: _____ (opt)

May we send you our e-newsletter? Yes No

How did you hear about HeartSong Yoga?

- Internet Facebook Television Radio
 Flier Newsletter Drive By Yellow Pages
 Instructor _____ Friend _____
 Medical Professional _____ Other _____

Which of the following apply to your goals for attending yoga classes? (check all that apply)

- Physical Fitness Strength Flexibility Balance Stress Reduction Relaxation
 Breathing Meditation To address a medical condition: _____
 Weight Loss/Mngmt Developing/Supporting Home Practice Healthy lifestyle /Lifestyle Changes
 Other _____

Do you plan to attend classes: Once/week 2-3 times/wk 4+times/wk
 This one time only Other _____

Would you be interested in attending any of the following here if/when they are offered? (check all that apply)

- Meditation Classes Pilates Tai Chi/Qi Gong Nia Belly Dance Zumba
 Family Yoga Diet and Nutrition Classes Mindfulness Based Stress Reduction
 Other _____

Would you like more information about any of the following?

- Yoga Immersion Programs Becoming a Yoga Teacher Yoga Philosophy
 Yoga for Children

It is important that you let any teacher you work with know about any medical conditions or physical issues you may have as some postures are contraindicated for certain conditions. Please check any of the following that you have:

- High Blood Pressure Pregnancy (Due date: _____)
 Controlled w/medication Hernia
 Low Blood Pressure Dizziness
 Glaucoma Detached retina
 Diabetes Headaches
 Recent Injuries (Describe: _____)
 Other _____

Emergency Contact: _____ Phone: _____

We want to support you with the best yoga experience and help you meet your goals. To assist with this your instructor will review this information and develop some recommendations for you. If you have any questions or if there is anything else you would like us to know about you, please comment here (there is more space on the back of this form.)

Please complete the reverse side of this form.

Waiver of Liability

I, _____, understand that there are risks inherent in any exercise or yoga program and assume full responsibility for my own body. I declare that I am in good health and suffer no physical impairments which would limit my participation in programs offered at HeartSong Yoga and Wellness Center, LLC. I have listed all pertinent conditions in the space provided below and agree to discuss any changes in my condition with my instructor(s). I also acknowledge that HeartSong Yoga and Wellness Center has not and will not render any medical services or diagnosis of my physical condition. I specifically agree that HeartSong Yoga and Wellness Center, any and all of its teachers, its owner and director, and any employees or other agents shall not be liable for any claim, demand, cause of action of any kind whatsoever for or on an account of death, personal injury, property damage or loss of any kind resulting from or related to my use of HeartSong Yoga and Wellness Center facilities or participation in any of its programs. I also agree to hold HeartSong Yoga and Wellness Center and its teachers harmless from same. I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signed _____ Date _____
Parent or Guardian _____ / _____
(if under 18) Print name Signature