



WANDER YOGA

OWNED BY WILLIAMS-ZAYAC YOGA, LLC

WWW.WANDERYOGA.ORG NIKKI@WANDERYOGA.ORG

NEW STUDENT INFORMATION

WELCOME! PLEASE TAKE A MOMENT TO TELL US A LITTLE ABOUT YOURSELF.

FIRST NAME _____

LAST NAME _____

BIRTHDAY _____

ARE YOU TAKING CARE OF ANY INJURIES OR OTHER PHYSICAL PAINS WE SHOULD BE AWARE OF? (EX: PAIN IN KNEES, WRISTS, BACK) _____

HOW OFTEN DO YOU PRACTICE YOGA?

- I'M NEW!
- 1-2 TIMES PER WEEK
- 3-5+ TIMES PER WEEK

WHICH YOGA STUDIES INTEREST YOU?

- PHYSICAL POSES (ASANA)
- BREATH (PRANAYAMA)
- MEDITATION (DHYANA)

WHAT DO YOU HOPE TO GAIN FROM YOUR YOGA PRACTICE? PLEASE CHECK ALL THAT APPLY.

- PHYSICAL WORK OUT
- PAIN RELIEF
- REDUCE STRESS
- WEIGHT LOSS
- FLEXIBILITY
- OTHER, _____

CONTACT PREFERENCES

HOW CAN WE CONTACT YOU? PLEASE INDICATE YOUR PREFERENCES BELOW.

EMAIL _____

CELL PHONE _____

BY SELECTING FROM THE OPTIONS BELOW, YOU GIVE WANDER YOGA, WILLIAMS-ZAYAC YOGA, LLC, PERMISSION TO CONTACT YOU. YOU MAY OPT-OUT OF COMMUNICATIONS AT ANY TIME.

- I WOULD LIKE TO RECEIVE EMAIL UPDATES
- I WOULD LIKE TO RECEIVE TEXT UPDATES
- I DO NOT WANT TO BE CONTACTED

PARTICIPATION RELEASE AND WAIVER OF LIABILITY

I, _____ HEREBY AGREE TO THE FOLLOWING:
(FIRST & LAST NAME)

THAT I AM PARTICIPATING IN WANDER YOGA CLASSES, LEGALLY WILLIAMS-ZAYAC YOGA, LLC, AND/OR PRIVATE YOGA CLASSES OFFERED BY NICOLETTE ZAYAC WILLIAMS, DURING WHICH I WILL RECEIVE INFORMATION AND INSTRUCTION ABOUT YOGA INCLUDING BUT NOT LIMITED TO PHYSICAL EXERCISE, MEDITATION, BREATHING TECHNIQUES AND HEALTH.

I RECOGNIZE THAT YOGA REQUIRES PHYSICAL EXERTION THAT MAY BE STRENUOUS AND MAY CAUSE PHYSICAL INJURY, AND I AM FULLY AWARE OF THE RISKS AND HAZARDS INVOLVED. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO CONSULT WITH A PHYSICIAN PRIOR TO AND REGARDING MY PARTICIPATION IN YOGA.

IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN WANDER YOGA OR ANY OTHER YOGA CLASS PROVIDED BY WILLIAMS-ZAYAC, LLC, I AGREE TO ASSUME FULL RESPONSIBILITY FOR ANY RISKS, INJURIES OR DAMAGES, KNOWN OR UNKNOWN, WHICH I MIGHT INCUR AS A RESULT OF PARTICIPATING IN YOGA CLASS.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN YOGA CLASSES PROVIDED BY NICOLETTE ZAYAC WILLIAMS, AND WILLIAMS-ZAYAC YOGA, LLC, I KNOWINGLY, VOLUNTARILY AND EXPRESSLY WAIVE ANY CLAIM I MAY HAVE FOR INJURY OR DAMAGES THAT I MAY SUSTAIN TO MY PERSON OR PROPERTY AS A RESULT OF PARTICIPATING IN YOGA CLASSES.

I, MY HEIRS OR LEGAL REPRESENTATIVES FOREVER RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE NICOLETTE ZAYAC WILLIAMS, OR WILLIAMS-ZAYAC YOGA, LLC, FOR ANY INJURY OR DEATH CAUSED BY THEIR NEGLIGENCE OR OTHER ACTS.

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.

IF PARTICIPANT IS UNDER 18 YEARS OLD:

AS PARENT/LEGAL GUARDIAN OF _____

I, _____ CONSENT TO THE ABOVE TERMS AND CONDITIONS

SIGNATURE

DATE