

Nicole Alexander

NAME \_\_\_\_\_ DATE \_\_\_\_\_

EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE: DAY \_\_\_\_\_ EVENING \_\_\_\_\_ MOBILE \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Have you practiced yoga before? Y/N  
If yes, what level would you consider yourself? Beg/Intermediate/Advanced

For which of the following reasons would you like to practice yoga?  
 Back Injury  Neck Injury  Relaxation  Meditation  
 Flexibility  Weight Loss  Stamina/Strength  
 Other, please specify \_\_\_\_\_

Physical Conditions (Please check all that apply):  
 Heart  Neuro  Cancer  Depression  Pregnancy  
 Diabetes  Glaucoma  High/Low blood pressure  Surgeries

If one or more Physical Conditions apply, kindly explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you like to be added to Nicole’s email list for special events and workshops?  
Your email will NOT be given out! Yes/No

**RELEASE WAIVER**

Nicole Alexander agrees to provide Yoga instruction to the undersigned in exchange for payment. The student agrees not to hold Nicole Alexander liable for any injury, accidental or otherwise. By signing this agreement, the student certifies that they are I) not suffering from any physical injuries which have not been disclosed, II) that they have had a physical exam within the last year, III) there is no reason why a medical doctor would recommend that they do not participate in the programs offered by Nicole Alexander. All fees are non-refundable.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_