



HW Yoga, LLC DBA Humble Warrior Yoga

Name _____ Date _____

Address _____ City/State/ZIP _____

Phone _____ Email _____

Students may receive occasional emails detailing upcoming classes and workshops. All email addresses are confidential and are not shared or sold to any third party.

Birthdate _____ Yoga Experience _____

Emergency Contact Name/Phone Number

Release and Waiver of Liability

If at any time during class you feel discomfort or strain, you may rest at any time. It is important in yoga to listen to your body and respect its limits on any given day.

I, the undersigned, understand that yoga is not a substitute for medical attention, examination, diagnosis or treatment. I should consult a physician prior to beginning any activity program, including yoga. I recognize it's my responsibility to notify my teacher of any serious illness or injury before every yoga class. I will not perform any postures to the extent of strain or pain.

I accept that neither the instructor, nor the hosting facility is liable for any injury or damages to person or property, resulting from the taking of the class. Those under 18 years of age must have this form signed by a parent or guardian.

Photo & Media Release

We love sharing the joy, energy, and occasional contagious giggles of our community! By signing below, you grant HWYoga, LLC DBA Humble Warrior Yoga permission to capture and use photos, videos, or audio recordings of you taken during classes or events. These may be shared on our **website, social media, newsletters, and promotional materials** to help inspire others on their wellness journey.

You agree that these images can be used without compensation or prior approval, and you release HWYoga, LLC DBA Humble Warrior Yoga and its team from any claims or liabilities regarding the use of this media. We promise to always respect your practice and treat your image with the utmost care and appreciation.

- ☐ **I agree!** You can use my photo to spread the yoga love.
- ☐ **I prefer not to be on camera.** (Please let your instructor know before class starts so we can make sure you stay out of the frame!)

Signature of Applicant

Signature of Parent if Student is under 18

Health Questions

What are your reasons for practicing yoga?

- | | | | |
|---|--|--------------------------------------|-----------------------------------|
| ☐ Stress reduction | ☐ Pain management | ☐ Flexibility | ☐ Strength |
| ☐ Mental clarity
well-being | ☐ Confidence | ☐ Weight Loss | ☐ Overall |

Other _____

Are you currently experiencing any of the following conditions?

- | | | |
|------------------------------------|--|---|
| ☐ Asthma | ☐ Low/High blood pressure | ☐ Diabetes |
| ☐ Pregnancy | ☐ Heart/Circulatory | ☐ Neck/Back/Spine Injuries |

Muscle/Joint Injury: Please Specify: _____

Recent Surgery: Please Specify : _____

Anything else we should know? _____

How did you hear about us? _____