



Divine Center Of Yoga

For office use only:

Client # _____

Paid by: CC CK
Cash Free G.Cert

By: _____

Offer: _____

Customer Information: All information is confidential and will be used only by Divine Center of Yoga employees and instructors. Your information will not be given or sold to anyone.

Please PRINT legibly and complete all fields.

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City, State, Zip: _____ Birthday: _____

E-mail*: _____

* In order to announce events and specials, alert you of schedule changes, holiday closings, and share Divine School of Yoga Therapy information, we need your e-mail address. Divine Center of Yoga does not disclose your e-mail or personal information to any other third party without your consent. You can opt-out of newsletters and e-mails at any time.

Emergency Contact Name: _____ Relationship: _____

Phone(s): _____

How did you hear about Divine Center of Yoga?

- Drive-by Friend/Family/Acquaintance Keller Citizen Internet- _____
- (please specify) Other (please specify below)

Who? _____

Do you have any injuries, disabilities, or conditions (including pregnancy) that in your judgment may limit (to any degree) your ability to participate in physical activities? Yes No

If yes, please explain. _____

Please also inform instructors of any conditions so they may help you take appropriate precautions.

Release of Liability and Consent

By signing below, I agree that Divine Center of Yoga is in no way responsible for the safekeeping of my personal belongings while I attend class. I understand that the classes at Divine Center of Yoga may be physically strenuous and I voluntarily participate in them with full knowledge that there is risk of personal injury, property loss, or death. I hereby affirm that I do not suffer from any condition or disability that would prohibit my participation in these activities. Furthermore, I hereby release Divine Center of Yoga, as well as its instructors, agents, representatives, employees, contractors, successors and assigns, from liability for any injury, property damage/loss, illness, or wrongful death I may incur, now or in the future, as a result of participating in these activities whether caused by negligence or otherwise.

I have read and agree to be bound by the above statement.

Signature Date

Let us invite your friends to a free class!

Name: _____ Phone(s): _____

Name: _____ Phone(s): _____

Name: _____ Phone(s): _____