

# **FULLER SPIRIT, BODY, MIND L.L.C.**

## **YOGA with Jacob (Jay) Fuller**

### **NEW STUDENT INFORMATION FORM**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

#### **Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

#### **Release of Liability:**

I hereby consent to participate in Yoga lessons offered by Jacob Fuller. It is HEREBY AGREED that I, my Child(ren), adopted, or ward, and my personal representatives waive and release all rights and claims for damages that I may have at any time against Jacob Fuller, for any injury or damages in connection with the yoga lessons or any other activity taught by Jacob Fuller. The risks involved in respect to such a program are fully understood by me and I sign this release voluntarily.

**Release of Liability – Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Medical Condition(s) pertinent to Yoga Practice**

Please list any chronic medical conditions, i.e. Heart disease, Lung disease, Osteoporosis, Arthritis, Joint replacement, etc.

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**Please list Medications for any above medical conditions:**

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