



<b>For office use only:</b>
Client # _____
Paid by: CC CK Cash Free Card
By: _____
Offer: _____
_____

**Customer Information:** All information is confidential and will be used only by Divine Yoga Center, LLC 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 \_\_\_\_\_ E-mail\*: \_\_\_\_\_

Email is the only way that we alert you of schedule changes, holiday closings, and new classes, workshops, and events. By giving us your email address, you are confirming that we can email you for these reasons.

Birthday: \_\_\_\_\_ Emergency Contact Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Phone(s): \_\_\_\_\_

**How did you hear about Divine Yoga Center?**

Drive-by  Friend/Family/Acquaintance  Keller Citizen  Clipper Magazine  
 (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 Yoga Center, LLC is in no way responsible for the safekeeping of my personal belongings while I attend class. I understand that the classes at Divine Yoga Center, LLC 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 Yoga Center, LLC, 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): \_\_\_\_\_