



The Mat Yoga Studio

New Client Information

For Office Use Only

MB: _____ VER: _____ CC: _____ PC: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Birth Date: _____ Phone: _____ (Home) (Mobile)

E-mail: _____ (for our newsletter and records only)

Emergency Contact Information (for your safety, this information is mandatory)

Name: _____ Phone: _____

Any injuries, limitations, or medication? please circle one: **Yes** **No**

If yes, please describe: _____

How did you hear about us?

- Friend (name): _____
- Google
- Citysearch
- Drive By/Saw Sign
- Flyer (location): _____
- Lululemon
- Living Yoga Dallas
- Texas Ballet Theater School
- Neighborsgo/Dallas Morning News
- Other (list): _____

Primary reason for visiting? (choose one)

- Lose Weight
- Reduce Stress
- Increase Flexibility
- Increase Strength
- Find a Community
- Other (list):

I am interested in:

- Kids Yoga
- Prenatal Yoga
- Restorative Yoga
- Meditation Classes
- Gentle Yoga
- Workshops
- Advanced Classes
- Other (list):

Do you have any of the following affiliations? - ID Required

- Lululemon Employee (store number): _____
- Senior Age 60+ (list DOB): _____
- Teacher (list school or location): _____
- Student (list school): _____

Release and Waiver of Liability



In order to participate in the yoga classes offered by The Mat Yoga Studio, LLC, (“The Mat”), I agree and recognize that yoga can be a strenuous exercise that requires physical exertion and may cause injury. I am fully aware of the risks inherent in participating in any class, program, or activity offered by The Mat, including the use of its facilities or equipment.

I also recognize that participation in any class, program or activity offered by The Mat, including the use of its facilities or equipment, without a physician’s permission, can result in physical harm, disability or other injury. It is my responsibility to consult with a physician regarding such participation. Prior to engaging in any class, program or activity offered by The Mat, I will discuss with the instructor any medical condition which may limit my full participation. I declare that I am physically fit enough to participate in the classes, programs and activities offered by The Mat. I assume full responsibility for my own injuries, known or unknown, which might result from participation in any class, program, or activity offered by The Mat, including the use of its facilities or equipment.

I understand that the individuals directing the yoga classes (“Instructors”) are not employees of The Mat but rather are independent contractors. I further understand that all Mat classes, including but not limited to the format of the class, exercises performed and any equipment used, are conducted by and under the control of the Instructor and, as such, The Mat is not responsible or liable in any way for the acts or omissions of the Instructors in connection therewith.

In consideration of being allowed to participate in any and all Mat classes, programs, activities and to use its facilities and equipment in addition to the payment of any fee or charge, I, for myself and my heirs, executors, legal representatives, administrators, successors and assigns, do hereby waive, release and forever discharge The Mat, and its officers, agents, employees and representatives (“Mat Representatives”) from any and all responsibilities, claims, injuries, liabilities or damages arising out of or connected with my attendance at The Mat, my participation in all activities, programs and classes, my use of the facilities or any equipment, or any act or omission, including negligence by Mat Representatives.

Any membership or class fees paid to The Mat are non-refundable and non-transferable.

I understand that yoga classes fill on a first-come-first-served basis. If classes are full before my arrival, no refunds will be granted or expected. I further understand that for my safety and the consideration of other students, I will not be let into class more than 7 minutes after class start time. If I arrive late and am not let into class, no refunds will be granted or expected.

I HAVE READ AND AGREE TO THE TERMS ABOVE, INCLUDING, BUT NOT LIMITED TO, THE RELEASE OF LIABILITY.

Printed name of participant: _____ Date: _____

Signature: _____

If under 18 years of age, Parent or Guardian’s signature is required.