

Date of Class:

MomentOM

Teacher:

Name: _____ Phone #: _____

Address: _____

Zip Code: _____ E-mail: _____

Date of Birth: ____/____/____ Occupation: _____

Emergency Contact: _____ Emergency Contact #: _____

How did you hear about MomentOM?: Pass by Web Other: _____

Any relevant medical information: No Yes _____

I understand that there is inherent risk in all physical activities including the practice of yoga. I agree to practice at my own risk and hold harmless MomentOM, its owners, teachers, employees.

Signature: _____