

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 \_\_\_\_\_

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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: \_\_\_\_\_