

Bliss Flow Yoga & Wellness Center
GROUPON Intake Form - NEW STUDENTS

Groupon Class Pass: 10/20 (circle one)

Name _____ **Birthdate (mm/dd/year)** ___/___/___

Address _____

City _____ **State** _____ **Zip** _____

Preferred Contact Number _____ **Mobile** ___ **Home** ___ **Office** ___

Email Address _____

Join the email list (or follow us Facebook + Twitter) to hear about fun events & great sales.

What is your yoga level? New ___ **Beginner** ___ **Intermediate** ___ **Advanced** ___

List all Injuries, Surgeries (Past and Present) and Current Health Concerns:

List medications you currently are taking and for what conditions:

Are You Pregnant? Y/N **Due Date** _____

Agreement and Liability Release

I hereby stipulate that I am physically sound to proceed with instruction in the yoga or body movement program, class, workshop, event or activity sponsored by Bliss Flow Yoga and Wellness Center LLC. It is further agreed that all exercises and lessons shall be undertaken at my sole risk and that Bliss Flow Yoga and representative instructors, shall not be liable for injuries or damages to my person or property arising out of or connected with, the use of services or facilities of Bliss Flow Yoga. An instructor must be aware of existing physical conditions; hence I have stated all known medical conditions and take it upon myself to keep the instructors updated on my physical health. I assume all responsibility and liability for any and all injuries I may sustain due to my participation in these activities.

I have carefully read this agreement and understand its contents. I am aware and agree that it is a complete release of liability for any injuries or damage that I may sustain due to programs, classes, workshops, events or activities with Bliss Flow Yoga and Wellness Center LLC and its instructors, therapists or representatives.

I understand that my Groupon class passes expire 120 days (4 months) from today and the expiration date cannot be extended should I choose not to or am unable to attend classes.

Print Name _____

Signature _____ **Date** _____

Emergency Contact _____ **Relationship** _____

Emergency Phone _____ **Mobile** ___ **Home** ___ **Office** ___

For Office Use Only

Client Type: Groupon

Redeemed on Groupon : _____ **Redeemed on MBO :** _____