



\*Date: \_\_\_\_\_

### **Questionnaire**

(\* are required fields. PLEASE PRINT CLEARLY)

\*Name: \_\_\_\_\_

\* Home Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zipcode \_\_\_\_\_

\*Home Phone \_\_\_\_\_ \*Work Phone \_\_\_\_\_

Email \_\_\_\_\_

May we contact you by email for updates about class schedules, workshops and events? Yes \_\_\_ No \_\_\_

Occupation \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth (MM/DD/YY) \_\_\_\_\_

\*Emergency Contact \_\_\_\_\_ \*Relationship \_\_\_\_\_ \*Phone \_\_\_\_\_

How did you find out about us? \_\_\_\_\_

What is your primary motivation for attending this class/series? \_\_\_\_\_

What is your past experience with stress management, yoga, Pilates or other related subjects that might apply? \_\_\_\_\_

What types of exercise or physical activity do you currently participate in? \_\_\_\_\_

Do you have any medical and/or physical conditions that we should know about before attending this class/session? \_\_\_\_\_

PLEASE READ AND SIGN THE RELEASE FORM ON THE BACK \_\_\_\_\_➔

**RELEASE**

In consideration of my being permitted to receive yoga or Pilates instruction and/or participation in yoga or Pilates classes or other services provided by Third Eye Yoga, LLC and for other good and valuable consideration, the undersigned "Releasing Party" acknowledges and agrees to the following:

The undersigned "Releasing Party", referred to hereafter as "Student" desires to obtain yoga or Pilates instruction and participate in yoga or Pilates classes or other services conducted by Third Eye Yoga, LLC and its instructors, Student recognizing the inherent physical demands of yoga, Pilates or other activities and the ancillary opportunity for physical injury associated with or otherwise resulting from yoga, Pilates or other activity.

Student accepts and takes unto himself/herself any and all responsibility for any injury, damage, death and other occurrence, whether or not foreseeable, anticipated or contemplated resulting from, or to result from the Student's obtaining yoga or Pilates instruction and/or participation in yoga or Pilates instruction provided by Third Eye Yoga, LLC, or other services provided on the premises.

Student does hereby agree and covenant that he/she will not, at any time, threaten to sue, sue or bring action against Third Eye Yoga, LLC by reason of any claim for injury, damage, death or other occurrence arising out of, or resulting from yoga or Pilates instruction or participation in yoga or Pilates classes or other services conducted by Third Eye Yoga, LLC whether such injury, damage, death or other occurrence arises from the act of omission of Third Eye Yoga, LLC or Student or from any condition, occurrence or cause whatsoever. Student does hereby release and forever discharge Third Eye Yoga, LLC and its officers, members, agents, benefactors, instructors, representatives and employees, from any and all claims, actions, suits, causes of action and demands of any nature, whether at law or in equity, in contract, or in tort, arising from or alleged to arise from any injury, damage, death or other occurrence associated with or in connection with Student's participation in yoga and Pilates instruction and/or yoga and Pilates classes or other services provided by Third Eye Yoga, LLC.

Student assumes all risk of injury, damage, death and other occurrence associated with, resulting from or to result from Student's participation in yoga or Pilates instruction and/or yoga and Pilates classes or other services conducted by Third Eye Yoga, LLC, Student understands that Third Eye Yoga, LLC makes no warranties, representations or guaranties of any kind or nature with respect to Student's physical health, ability to practice yoga or the ability or judgment of Student; and that Student understands that no agent, instructor, representative or employee of Third Eye Yoga, LLC is authorized to vary the terms of this release either orally or in writing.

This release is binding upon Student and Student's parents, heirs, personal representatives, successors and assigns. This Release releases Third Eye Yoga, LLC and its predecessors, directors, officers, employees, agents, instructors, representatives, successors and assigns.

This release shall be governed by and construed and enforced in accordance with the laws of the State of Wisconsin excluding any applicable choice of law provision. The Student consents to and waives any objection to, the jurisdiction and venue of the Circuit Courts sitting in Milwaukee County, Wisconsin.

If any provision of this Release, or the application thereof, is determined to be invalid or unenforceable to any extent, the remainder of this Release shall not be affected thereby and shall remain in full force and effect.

I have read this Release, understand its purpose, and agree to its terms.

Date this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Releasing Party/ Student:

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Print Name)

To be signed by the parents of any Student under the age of eighteen (18) who shall sign as the guardian and authorized representative of the Student.