



New Student Waiver

I hereby agree, warrant, covenant, and represent as follows: I assume full responsibility for consulting my doctor before beginning any new physical practice, including Yoga, and for informing my teachers at Niroga Institute of any injuries past or present that I may have. By signing this agreement, I waive all claims against Niroga and its instructors and fellow students, and the owners of the building, from any liability for any injuries or losses while participating in any activity at Niroga. I hereby certify that I have read this document and I understand its content.

Student Signature _____ Date _____

**under 18* Signature of Parent/Guardian* _____

**under 18* Print Name of Parent/Guardian* _____

Student Information * PLEASE PRINT CLEARLY *

Full Name _____

Street Address _____

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

Phone# _____ **Email** _____

Sign me up for the Niroga Yoga Studio Newsletter!

Emergency Contact Information

Name _____ **Phone #** _____

Relationship _____

How were you referred to us? Flyer Web search Yelp Facebook Twitter Word of mouth

Other, please list: _____

Niroga™ values personal privacy. We do not sell, rent, or share personal information with third parties.

Niroga Yoga classes & trainings at Fellowship Hall: 259 29th Street, Oakland, CA 94611
(510) 451-3004 ☯ studio@niroga.org ☯ www.nirogacenter.org