



Initial Visit Survey & Liability Waiver

Name: _____
(required) *(First)* *(Middle)* *(Last)*

Phone: (_____) _____ - _____
(required)

Email: _____
(required)

Address: _____
(optional)

How did you hear about New York Yoga? *(optional)*

- passer-by word of mouth internet other
- New York Yoga member _____

WAIVER OF LIABILITY

Guest and buyer represent that Guest is in good health and has no disability; impairment, injury, disease or ailment preventing him/her from engaging in active or passive exercise or which would cause increased risk or injury or adverse health consequences as a result of naïve or abusive exercise. Guest assumes full responsibility for his/her use of the facility and shall indemnify New York Yoga, the owner of the club location Guest utilizes, its affiliates, agents, and facilities. Guest also acknowledges that his/her image may be broadcast over the internet.

Signature: _____ Date: ____ / ____ / ____
(month) (day) (year)

INTERNAL USE ONLY

Received on: ____ / ____ / ____ Entered by: _____ Date entered: ____ / ____ / ____