



Contact Info

First Name:

Last Name:

Middle Initial:

Preferred Name:

Phone:

Address:

City:

State/Zip:

Email:

Emergency Contact

First Name:

Last Name:

Phone:

Personal Info

DOB:

Yoga Experience:

Referred by:

Disclaimer

By signing this application you acknowledge and represent that:

- To the best of your knowledge, you suffer from no medical or physical condition or disability that will or might increase the normal risks associated with exercise and/or
- Your doctor has approved your participation in yoga classes

Signature:

Date:

Please complete, print, sign, and email to day@omthrive.org or mail to:

omthrive

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