



full bloomed lotus

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## New Student Info and Waiver Meditation and Self Awareness

Full Name: \_\_\_\_\_

How you would like to be addressed: \_\_\_\_\_

Class Attending/Appointment: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Birth date: (not year!) \_\_\_\_\_

Please indicate any health issues we should be aware of including medications: \_\_\_\_\_

Emergency contact: (Name/Phone): \_\_\_\_\_

How did you hear about Full Bloomed Lotus? \_\_\_\_\_

### Waiver

I acknowledge that Ramaa Krishnan is in private practice for the purpose of teaching meditation and lessons in self-awareness to her clients. She is not a licensed psycho therapist but rather draws her teachings from the intuitive wisdom of Eastern Spirituality.

I hereby waive all rights to claims for loss or damage arising out of participation in this class or any activities incident thereto against Full Bloomed Lotus LLC, its agents employees and volunteers as a condition of my participation in this class.

I acknowledge that my contact information will be used by Full Bloomed Lotus only and not shared with any external parties.

I have read and agree to the above.

Signature: \_\_\_\_\_

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