



Student Information

Name: _____

Address: _____

Telephone: _____

Email [for schedule updates] _____

Would you like to subscribe to our newsletter to be notified of upcoming events?

Yes No

EMERGENCY Contact:

Name: _____

Telephone: _____

Relationship: _____

Photography Release

I agree to be photographed or be included in videos in connection with the above-identified purposes. I agree that Flowering Journey Wellness may use such photographs and videos for any lawful purpose, such as publicity, advertising, and Web content.

I do not agree to be photographed or be included in videos.