



Personal Details

Name: _____

Phone: _____

Email: _____

Emergency Contact (name, relation and contact number): _____

Have you practiced yoga before? _____

If yes, for how long? _____

Limitations/Injuries: _____

Do you have numbness/pain in (circle all that apply):

Neck

Shoulders

Wrists

Hips

Lower Back

Upper Back

Knees

Other (please note): _____

Waiver

If at anytime during the class, you feel discomfort or strain, gently come out of the posture. You may rest at any time during the class. It is important in yoga that you listen to your body, and respect its limits on any given day.

I, the undersigned, understand that yoga is not a substitute for medical attention, examination, diagnosis, or treatment. I should consult a physician prior to beginning any activity program, including yoga. I recognize that it is my responsibility to notify my teacher of any serious illness or injury before every yoga class. I will not perform any postures to the extent of strain or pain. I accept that neither the instructor, nor the hosting facility, is liable for any injury, or damages, to person or property, resulting from the taking of the class. Those under 18 years of age must have this form signed by a parent or guardian.

Name: _____ (Print)Signature: _____

Date _____

Name of Parent/Guardian: _____ (Print)Signature: _____

Date _____