

INNER SPIRIT YOGA

Class: _____ Start Date: _____
Name: _____ Co-op Membership #: _____
Address: _____ Home Phone: _____
_____ Work Phone: _____
Date of birth: _____ Email: _____

How did you hear about my classes? _____

How long have you been practicing yoga? _____

Please indicate if any of the medical conditions listed below apply to you:

<input type="checkbox"/> eye conditions	<input type="checkbox"/> heart condition/disease	<input type="checkbox"/> pregnant
<input type="checkbox"/> back/neck problems	<input type="checkbox"/> asthma	<input type="checkbox"/> diabetes
<input type="checkbox"/> high blood pressure	<input type="checkbox"/> epilepsy	<input type="checkbox"/> arthritis
<input type="checkbox"/> low blood pressure	<input type="checkbox"/> other _____	

Please confirm that none of these medical conditions limit your involvement in Yoga. _____ (initial)

AGREEMENT OF RELEASE AND WAIVER LIABILITY

I, _____ hereby agree to the following:

Participant is aware that participation in Yoga may result in accident or injury and Participant assumes the risk connected with the participation in Yoga and represents that he/she is in good health and suffers from **no** physical impairment which would limit their involvement in yoga. Participant acknowledges that the **yoga instructor** has not rendered any medical services including medical diagnosis of the participant's physical condition. Participant specifically agrees that the **yoga instructor shall not be liable** for any claim, demand, cause of action of any kind resulting from or related to yoga.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to terms and conditions stated above.

Date

Signature of Participant

Emergency Contact: _____ Phone No.: _____

Relationship to you: _____

If participant is under 18:

As legal guardian of _____, I consent to the above terms and conditions.

Date

Parent/Guardian of Participant

Witnessed by: _____ Date: _____