



Asanda Yoga

Yoga

Registration Form and Waiver

Name: _____

Address: _____

Contact Phone #: _____

Email Address: _____

Have you ever practiced Yoga before? Yes/ No

If so, what kind of yoga? _____

If you are pregnant what trimester are you entering? _____

When is your due date _____

Please list any pre – existing medical conditions or injuries, and/or important medical history:

Is your Dr aware of your participation in Yoga: _____

Are you currently receiving Chemotherapy or Radiation: Yes / No

If so would you be interested in a Restorative class to help with healing

Release and Waiver of Liability

I _____ (**Please print name**) understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. It is therefore suggested, that a Dr's approval is obtained prior to a Hot Stone yoga session, for the listed conditions. (Cancer treatments, Diabetes).

I affirm that I alone am responsible to decide whether to practice yoga. I declare that I have read, understood and that I agree to the contents of this informed consent agreement and hereby agree to irrevocably release and waive any claims that I have now or hereafter against Yoga Instructor **Tania Wlotzki**.

Signature of student,

Date