

# YOGA

## Registration & Release Form

Name \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Date of Birth \_\_\_\_\_

Phone # \_\_\_\_\_ Emergency # \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation (optional) \_\_\_\_\_

Have you experienced, or are you experiencing any of the following in you life:

High blood pressure \_\_\_ Low blood pressure \_\_\_ Diabetes \_\_\_ Allergies \_\_\_

Dizziness \_\_\_ Glaucoma \_\_\_ Varicose veins \_\_\_ Heart disease \_\_\_

Headaches \_\_\_ Multiple sclerosis \_\_\_ Arthritis / rheumatism \_\_\_

Detached retina \_\_\_ Any other conditions \_\_\_\_\_

Previous fractures / pertinent surgeries (please explain) \_\_\_\_\_

Chronic neck / or back pain (please explain) \_\_\_\_\_

Are you pregnant, or three months post partum? \_\_\_\_\_

I \_\_\_\_\_ freely understand, acknowledge and willingly accept full responsibility for my total well being as part of my participation in any Yoga class at Love it Yoga. I am aware that Yoga includes physical activity and there exists the potential for injury of loss or exacerbation of any existing or nonexistent medical condition. I fully assume responsibility for any personal injury or loss resulting thereof. I agree to waive any claim and hold harmless, now and in the future, Love it Yoga, it's principals, and teaching staff.

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

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

LEARN IT LOVE IT LIVE IT