



# Yoga For Wellness

## REGISTRATION FORM

### Participant Information

Name (First, MI, Last)	
Age (if under age 18)	If under age 18: Parent/Guardian's Name (First, MI, Last)
Address	
Phone Number	
Email Address	

Program \_\_\_\_\_

Program Date(s) \_\_\_\_\_

Cost \_\_\_\_\_ Deposit amount (if applicable) \_\_\_\_\_

Payment Method \_\_\_\_\_

### Emergency Contact Info

Name and Relationship
Phone- 1
Phone- 2

### Additional Information

Does the participant have allergies? If yes, please explain:
Does the participant have any health conditions or restrictions to physical activity? If yes, please explain:



**Program/ Activity Disclaimer**

I \_\_\_\_\_ (*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. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Yoga For Wellness or its teachers.

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*(Signature of student, or if a minor, parent or guardian)*

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*(Date)*