

**REGISTRANT DETAILS:**

**Name:** \_\_\_\_\_

**Male / Female Address:** \_\_\_\_\_

\_\_\_\_\_ **City:** \_\_\_\_\_ **Postal**

**Code:** \_\_\_\_\_ **Email:**

\_\_\_\_\_ **Telephone:**

\_\_\_\_\_ **EMERGENCY CONTACT AND TELEPHONE**  
**NUMBER:**

\_\_\_\_\_ **Have you practiced yoga before ? YES / NO**

**If YES, for how long ?** \_\_\_\_\_ **Which style of yoga ?**

\_\_\_\_\_

Yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. Asana (yoga posture) means *posture easily held*. If at any time 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

\_\_\_\_\_ Parent/Guardian (Print) !! Signature !!! Date

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