# *Yoga Class Registration Form*

Name_____

Phone_____

E-mail

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Emergency Contact

Name_____

Phone_____

## Medical Background

**Please Tick the box that best describes your current state of health:**

☐ Great ☐ Good ☐ Fair ☐ Poor

**Are you currently on medication?** ☐ Yes ☐ No

If YES, please describe

_____

**Are you affected by any of these conditions?**

☐ Neck issues
☐ Back issues
☐ Shoulder issues
☐ Knee issues
☐ High blood pressure
☐ Low Blood pressure
☐ Asthma
☐ Other...please describe:

☐ Headache
☐ Arthritis
☐ Digestive issues
☐ Diabetes
☐ Carpal Tunnel Syndrome
☐ Stress/Anxiety
☐ Pregnant

_____

_____

**Please describe in detail any other health or medical condition that you believe may be helpful for your yoga teacher to know. Please use this space to ask or voice any concerns relative to your participation in any yoga classes:**

***Office Use Only***

| Trial | Casual | Student | CB | MC | OL | Follow up |
|---|---|---|---|---|---|---|
| | | | | | | |

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Toronto 2283

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Email: info@theyogashack.org
Ph: 0410-553-610

## Release & Waiver of Liability

I agree to the following:
1. The information I have provided on this form is complete and accurate.

2. I understand that participating in an exercise class involves risk of injury; I agree to be solely responsible for any injuries sustained by me as a result of my participation in this class or any future classes I take with Living Peace. I am fully aware of the risks involved.

3. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any Yoga class offered by Living Peace. I represent and warrant that I am physically fit and have no medical conditions that would prevent me from participation in Yoga classes. I assume full responsibility for any injuries or damages, known or unknown, which I might incur as a result of participating in yoga classes. I knowingly, voluntarily, and expressly, waive any claim I may have against Living Peace for injuries or damages that I may sustain as a result of participating in the yoga classes.

Signed: _____

Date:_____