

**Yoga Class
Enrollment and Waiver Form**

Name _____

Address _____

City _____ Province _____

Postal Code _____

Home Phone _____

Work Phone _____

Email _____

Limitations, Injuries,
Surgeries _____

If so, date of onset, or
surgery _____

Emergency Contact and telephone number

Name _____

Telephone _____

Have you practiced yoga before? YES / NO

If YES, for how long? _____

What are your reasons for practicing yoga ?

Stress reduction Mental clarity Spiritual growth

Overall wellbeing Confidence

Other reasons Specify: _____

Which style of yoga ? _____

If you are currently taking medication or have any serious allergies that should be made known to medical personnel in case of an emergency, please indicate them here:

Release and Waiver of Liability

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.

In any physical activity, risk of serious physical injury is possible. Yoga is no substitute for medical attention, examination, diagnosis or treatment. Yoga practice and/or specific poses are not recommended for individuals with certain conditions (e.g., cardiac illness, later stages of pregnancy, post-surgery). The student assumes the risk of yoga practice and releases the teacher and facility from any liability claims.

I, _____, am participating in yoga classes, or workshops from instructor, Tracie Smith. I am aware of the physical risks involved with strenuous exercise and understand it is my personal responsibility to consult with my Doctor regarding my participation. I have no medical condition, which would prevent me from taking part in yoga classes or workshops, and I assume responsibility for any risk or injury I may sustain as a result of my participation. I have read the above release and waiver of liability and understand its contents. I agree to the terms and conditions stated above.

Date ___/___/___

Signature _____