

Perfect Balance Yoga

Name: _____

Cell #: _____ E-mail: _____

What is the quickest and most reliable way of contacting you of a class cancellation or change? Text E-mail

Would you like to receive e-mails of future classes/workshops? Yes No

How did you find out about this class? _____

Do you have experience in any discipline of yoga (Hatha, Iyengar, Realignment)?

If yes, what type/when/how long? What was the experience like?

Do you have any physical limitations, health conditions, or undergoing medical treatment that may restrict your movement, limit your participation, and/or challenge your balance in class? Yes No

If yes, please explain: _____

Have you discussed this class with your healthcare provider? Yes No

Where do you usually feel stiffness, aches & pains? _____

For the majority of your working day, do you sit or stand? Sit Stand

Emergency contact:

Name _____ Phone #: _____

Do you require a receipt? _____ Have you signed the attached waiver? _____

Signature: _____ Date: _____

For office use: (2016)

Session/Class: _____ Receipt _____

Session/Class: _____ Receipt _____

Session/Class: _____ Receipt _____

Session/Class: _____ Receipt _____

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Waiver

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