

Perfect Balance Yoga

Name: _____

Cell: _____ Email: _____

*You will be contacted via **text** of any last minute class changes/cancellations. If email is your preferred communication, please indicate here. *

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

Do you have any physical limitations, health conditions (eg. High blood pressure) or undergoing medical treatment that may restrict your movement, limit your participation, and/or challenge your balance in this class?
 Yes No

Please explain: _____

Have you discussed this class with your health care provider? Yes No

Emergency Contact:

Name: _____ Contact #: _____

Do you require a receipt for this class: Yes No

Signature: _____ Date: _____

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
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For office use: (2018)

Session/Class: _____ Receipt_____

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