

# Yoga Class Registration Form



Name \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

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Emergency Contact

Name \_\_\_\_\_

Phone \_\_\_\_\_

2/20 The Boulevard  
Toronto 2283

www.livingpeaceyoga.com  
Email: info@livingpeaceyoga.com  
Ph: 0410-553-610

## Release & Waiver of Liability

## 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?**

- |   |   |
|---|---|
| <input type="checkbox"/> Neck issues                                | <input type="checkbox"/> Headache               |
| <input type="checkbox"/> Back issues                                | <input type="checkbox"/> Arthritis              |
| <input type="checkbox"/> Shoulder issues                            | <input type="checkbox"/> Digestive issues       |
| <input type="checkbox"/> Knee issues                                | <input type="checkbox"/> Diabetes               |
| <input type="checkbox"/> High blood pressure                        | <input type="checkbox"/> Carpal Tunnel Syndrome |
| <input type="checkbox"/> Low Blood pressure                         | <input type="checkbox"/> Stress/Anxiety         |
| <input type="checkbox"/> Asthma                                     | <input type="checkbox"/> Pregnant               |
| <input type="checkbox"/> Other...please describe:<br>_____<br>_____ |   |

- 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.

**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:**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### Office Use Only

Trial	Casual	Student	CB	MC	OL	Follow up	Burst