

# 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                                     Headache/migraine  
 Back issues     Arthritis  
 Shoulder issues                                       Digestive issues  
 Knee issues     Diabetes  
 High/low blood pressure                             Carpal Tunnel Syndrome  
 Mental illness                                         Stress/Anxiety  
 Asthma     Pregnant

Other...please describe in detail any other health or medical condition that you believe may be helpful for your yoga teacher to know:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Office Use Only

Trial	Casual	Student	CB	MC	OL	Follow up	Burst



2/20 The Boulevard  
Toronto 2283

www.livingpeaceyoga.com  
Email: info@livingpeaceyoga.com  
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: \_\_\_\_\_