

Yoga Class Registration

First Name	Last Name	Phone	Birthday
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Email / Online Contact Info

Street Address

City. State

Zip Code

How did you hear about this class (If flier, where?) _____

Have you had any recent or significant illness, injuries, surgeries, pregnancies, neck & back issues, rotator cuff or knee issues, ulcers, hernias, heart trouble, high or low blood pressure, glaucoma, detached retina, sciatica or vertigo? Please list these and any other issues that concern you regarding your participation in yoga. Do you believe yoga may help alleviate any of these issues?

Are there any other physical conditions (i.e. headaches, flexibility, strength) that you would like to see improved through yoga practice?

Would you like to see your mental, emotional, &/or spiritual state improved through yoga? Please list ☺

Would you like to receive personalized verbal cues to adjust your posture during class? _____

Would you like to receive gentle physical adjustments to your posture during class? _____

How interested are you in learning yoga philosophy and meditation techniques? _____

Do you mind if sound recordings are taken during class? _____

Would you like to purchase a sound recording of the class? _____

Agreement of Release and Waiver of Liability

I, _____, hereby agree to the following: That I am participating in the Yoga Class offered by Lori Ellis during which I will receive information about Yoga and instruction in Yoga practices. I recognize that Yoga requires physical exertion, which may be strenuous and may cause physical injury, and am fully aware of the risks and hazards involved. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in Yoga Classes. In consideration of being permitted to participate in the Yoga Classes, I knowingly, voluntarily, and expressly waive any claim I may have against Lori Ellis for injury or damages that I may sustain as a result of participating in the program. I, my heirs, and legal representatives' forever release, waive, discharge and covenant not to sue Lori Ellis for any injury or death caused by negligence or other act. I have read the following waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature & Date

Thank You!

Namaste (The light in me sees the light in you)