

2017 Yoga Registration

As a participant, you should be aware of the nature and risks involved in exercise. As in any physical activity, you run the risk of injury. Injuries that can occur are; muscle soreness, cramping and/or strained muscles, joint spasms stress fractures, cartilage or ligament damage, fatigue, light-headedness, and in extreme cases, cardiac failure. However, the possibility of these occurring is minimal if you follow the correct techniques taught and "listen" to your body's signals.

Your participation in this program is voluntary and you may withdraw at any time. Your written consent indicates that you have full knowledge and understand the nature of this class, the risks that may be encountered, and you agree to participation on that basis.

Name _____ Home Phone _____

Cell Phone _____ Email _____

Any medical, psychological or behavioral conditions we should be aware of (bee stings, food allergies, etc)?

Yes _____ No _____

Are there any medical or health factors or limitations that might affect participant's performance in the activity?

Yes _____ No _____

Is participant taking any medications or have a condition that may affect participant's safety or performance in the activity?

Yes _____ No _____

Does participant require any special accommodations (due to disability) to participate in the activity? Yes _____ No _____

If yes, to any of above questions, please explain.

Sessions:
