



Session: Winter Spring Summer Fall 20____
Circle One

YOGA At Howard County Chiropractic

Name _____ Today's Date _____

Address _____

Street

City

State

Zip

Email _____ Phone: _____

Please describe your past yoga experience and present practice, if any:

Which class(es) are you registering for? (Check all that apply)

____ Tuesday 7:30p (11 weeks) ____ Saturday 8:30a (10 weeks) ____ Saturday 10a (10 weeks)

(Yoga Basics)

(Yoga 1-2)

(Yoga Basics)

I am paying: (Check one please)

____ \$176 for Tues Eve ____ \$160 for Sat Morn ____ \$315 for both Tues and One (1) Saturday Morn

Health Information

Age _____ Who to contact in case of emergency: Name _____ Phone _____

Please describe any health-related conditions that you have (or have had in the past) that conceivably could

affect your yoga practice - including, but not limited to: bone, muscle, ligament, tendon problems or injury;

heart, lung, high blood pressure, back or neck pain, back or neck injury, epileptic, diabetic or thyroid conditions,

pregnancy. (It is important that you inform the yoga instructor of health conditions to help us work with your

individual needs).

Are you currently on any medications? For what condition(s)? Please describe any known side effects of these

medications (e.g. change of heart rate, lack of coordination, etc.) that may impact your yoga practice.

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, _____, hereby agree to the following:

1. That I am participating in this yoga class during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in this yoga class. I represent and warrant that I am physically fit and have no medical condition that would prevent my full participation in the yoga class.

3. In consideration of being permitted to participate in the yoga class, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.

4. In further consideration of being permitted to participate in the yoga classes, I knowingly, voluntarily and expressly waive any claim I may have against the instructor, the owner of the building and Howard County Chiropractic Spine & Sports Rehabilitation, LLC for injuries or damages that I may sustain as a result of participating in this class.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Date_____ Signature of Participant_____

If participant is under 18: As legal guardian of this participant, I consent to the above terms and conditions.

Date_____ Signature of parent/guardian:_____