



## YOGA CLASSES REGISTRATION & INFORMED CONSENT

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: D \_\_\_\_\_ M \_\_\_\_\_ Y \_\_\_\_\_ Gender (*circle*): M F NON-BINARY

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Anti-Spam Law:**

(✓) **Opt-In: Yes,** to receive emails about changes to the yoga schedule, cancelled yoga classes, upcoming events, wellness services, and various special offers. You may unsubscribe at any time.

Person to contact in case of Emergency: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

How did you find out about this program?

\_\_\_\_\_

Describe your current physical activity and exercise program:

\_\_\_\_\_

\_\_\_\_\_

Describe any experience you've had with yoga (style practiced, for how long, etc.):

\_\_\_\_\_

\_\_\_\_\_

What are your goals or expectations for this yoga program? \_\_\_\_\_

\_\_\_\_\_

### Health Information

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, etc. **It is important that you inform each yoga instructor of health conditions to help us work with your individual needs.**

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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.

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#### INFORMED CONSENT & WAIVER OF LIABILITY

I, \_\_\_\_\_ (*print name*), hereby agree to the following:

I hereby agree to the following:

1. That I am participating in yoga classes during which I will receive information and instruction about yoga and health. I recognize that yoga requires a certain level of physical exertion, which may be strenuous at times 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 yoga classes. I represent and warrant that I am physically fit and have no medical condition that would prevent my participation in the classes.
3. By signing this release, I assume all the risks of injury, loss, or expense of any kind resulting from my participation in the classes whether they are in-person or virtual classes. I, my heirs, or legal representative will not hold Daniele Hart, Heart Journey Wellness & Consulting (O/A Heart Journey Yoga & Wellness), the yoga instructors, the owner or leaseholder of the building or the staff associated with the classes, liable for any injury, loss, or expense suffered as a result of my participation, including due to Covid19. This release will apply to each and every class that I participate in, whether in person or virtually, including any future yoga classes/programs that I will register in at Heart Journey Wellness & Consulting (O/A Heart Journey Yoga & Wellness). I have read the above and fully understand its contents. I voluntarily agree to the terms and conditions stated above, and I certify that the information contained on this form is accurate and complete.

Date \_\_\_\_\_ Signature of Participant \_\_\_\_\_

**If participant is under 18-** As legal guardian of this participant, I consent to the above terms and conditions, and I certify that the information contained on this form is accurate and complete.

Date \_\_\_\_\_ Signature of parent/guardian: \_\_\_\_\_