



*heartwood yoga student registration & release form*

Name \_\_\_\_\_ Phone (Day) \_\_\_\_\_ (Eve) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Email address \_\_\_\_\_

Do you have prior yoga experience? Yes \_\_ No \_\_ If so, please tell us a bit about your practice. \_\_\_\_\_

What do you hope to gain through your practice of yoga with us at heartwood? \_\_\_\_\_

How did you hear about us? (Please provide name if possible) \_\_\_\_\_

Heartwood yoga classes are designed for individuals who are in generally good health. If you have concerns as to whether yoga is an appropriate form of exercise for you, or if you are currently under the care of a physician, please speak with an instructor. Yoga and yoga therapy are designed to be an integral part of a total wellness program and not intended to take the place of care provided by a doctor. Information exchanged during classes or therapy sessions is intended to be educational in nature and is offered in the spirit of helping individuals become more familiar with and conscious of their own health.

In signing this waiver you agree to notify us of changes in your health status that might affect your practice with us in the future and to notify the instructor should you encounter difficulty during practice sessions. While group classes cannot be tailored to meet any one individual student's needs completely, we will do our best to offer suggestions and alternatives when possible. You further agree to accept responsibility for your own safety and to not follow instructions you believe inappropriate for you.

Please check one blank line below and also tell us about any physical conditions you have that might impact your participation in this program.

\_\_\_\_\_ I am healthy and have no limitations

\_\_\_\_\_ Please be aware of the following medical conditions/medications that may affect my practice:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

Also, I understand and accept that in order to properly teach and correct yoga technique, physical contact between student and instructor may be necessary. Heartwood yoga undertakes to ensure that such contact is always applied in a professional manner and as required for yoga instruction and correction. I consent to such contact as is considered necessary by the instructor or will accept responsibility for notifying the instructor(s) of my concerns about such physical contact prior to practicing at Heartwood yoga.

I have read and agree the above.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_