



breathe
redlands yoga studio

Name: _____ Male/Female

Address: _____

City: _____ Zip Code: _____

Email: _____ Telephone: _____

Emergency Contact and Telephone Number:

Have you practiced yoga before? Yes/No

If "Yes", for how long? _____ Which style of yoga? _____

What are your reasons for practicing yoga?

_____ Stress reduction _____ Overall Wellbeing _____ Strength
_____ Mental Clarity _____ Spiritual Growth _____ Flexibility
_____ Confidence _____ Weight Management _____ Managing an Illness
_____ Other Reason (Please Explain) _____

Are you currently experiencing any of the following conditions?

_____ Asthma _____ High Blood Pressure
_____ Heart/Circulation Problems _____ Neck/Back/Spine Injury
_____ Low Blood Pressure _____ Dizzy Spells/ Fainting
_____ Epilepsy/ Seizures _____ Diabetes
_____ Pregnancy _____ Muscular Injury
_____ Joint Injury (ankle/knee/hip/elbow/shoulder) _____ Recent Surgery (explain)

Waiver

If at any time during the yoga class, you feel discomfort or strain, gently come out of the pose and rest. It is important that you listen to your body, respecting its limits on any given day.

I understand that yoga is not a substitute for medical attention, examination, diagnosis or treatment. I should consult a physician prior to beginning any activity program, including yoga. I recognize that it is my responsibility to notify my instructor of any illness or injury before every yoga class.

I accept that neither the instructor, nor Breathe Redlands Yoga Studio, LLC, is liable for any injury, or damages to person or property, resulting from participating in yoga.

Name (Print)

Signature

Date

If participant is under 18:

As legal guardian of _____, I consent to the above terms and conditions.

Name of Guardian

Signature

Date