



YOGA 4 LOVE

Yoga Student Profile

Class Location/ Date _____

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone #'s: hm _____ cell _____ wk, if applicable _____
 Date of Birth: _____ Email Address: _____

Would you like to receive our once monthly schedule and yoga updates via email? No Yes
 How did you hear about us? _____ Emergency Contact _____

Please list and notify the yoga instructor of any previous or current health conditions or injuries

Are you pregnant?	No	Yes	
If yes, Do you have any complications?	No	Yes	_____ If Yes, Do you
have a doctors consent to exercise through pregnancy?			_____ <i>Comments:</i> _____
Hypertension or High Blood Pressure	No	Yes	_____
Lower Back Pain/Injuries	No	Yes	_____
Upper Back Pain/Injuries	No	Yes	_____
Neck Pain/Injuries	No	Yes	_____
Knee Pain/Injuries	No	Yes	_____
Wrist Pain/Injuries	No	Yes	_____
Glaucoma or other Eye Disorders	No	Yes	_____
Ear Congestion/Infection	No	Yes	_____
Sinuses or Allergies	No	Yes	_____
Arthritis	No	Yes	_____

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

HEARBY AGREE TO THE FOLLOWING:

Yoga Student, or Participant, is aware that participation in Yoga may result in accident or injury, and Participant assumes the risk connected with the participation in Yoga and represents that Participant is in good health and suffers from No physical impairment which would limit their safe participation in yoga class. Participant acknowledges that the yoga instructor has not and will not render any medical services including medical diagnosis of Participant's physical condition. Participant specifically agrees that yoga4love, its officers, employees and agents shall not be liable for any claim, demand, cause of action of any kind resulting from or related to Participant's use of the facilities where class is held or participation in any exercise or activity within or without the facility's premises, and buyer agrees to hold the yoga instructor harmless from same.

I have read above release and waiver of liability and fully understand its contents.

I voluntarily agree to the terms and conditions stated above.

SIGNATURE OF PARTICIPANT

Name _____ Date _____

Expanding Our Horizons...

Inspiring Positive Change

Lisa Ware, RTY 200

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