



2900 Arendell Street ~ Morehead City, NC 28557
(252) 247-9642 ~ www.YogaForYouandMe.com

Registration and Waiver Release

Your full name _____

Email (Please Print) _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Other Phone _____

What brought you in to the studio? Yellow Pages Web site Newspaper Ad

Driving by Health Fair Presentation Direct mailing Poster Brochure

Referral (by whom?) _____ Other _____

What would you like to gain from this program of yoga? _____

What is your experience with yoga, stress management, or meditation?

What kind of exercise do you do? _____

What is your stress level now? 0(no stress) 1 2 3 4 5 6 7 8 9 10 (high stress)

What do you do to relieve stress? _____

Describe your overall health _____

Do you have: neck problems _____

knee issues _____

back issues _____

high blood pressure _____

diabetes _____

muscle pain _____

a history of being in any accidents _____

other health issues? _____

Anything else you would like us to know? _____

I understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against the instructor and/or the Yoga for You Studio.

Signature _____ Date _____

Instructor _____ Date _____