



Yoga New Student Registration Form

Name: _____

Address: _____

Phone: _____

Email: _____

Birth Date: ____/____/____

Do you have any known medical conditions that may affect your ability to participate in yoga practice? If so, please explain.

Emergency Contact

Name: _____

Phone: _____

Relationship: _____

(Please Read!)

Release of Liability:

In signing below, I understand that yoga includes physical movements as well as an opportunity for relaxation, stress reduction, 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 Open Circle Wellness and its instructors.

All clients under 18 must have a liability release signed by a parent or legal guardian

Signature of Student

Signature of Parent, or Legal Guardian

Date