

Rescue Yoga, LLC

New Student Registration

Name: _____ Birthday: _____

Phone: _____ Email: _____

Address: _____ City: _____

Injuries/Conditions: _____

Current Medications: _____

Emergency Contact Name: _____

Emergency Phone Number: _____

How did you hear about us? Friend _____ Web _____ Flyer _____ Email _____

Friends Name _____

I _____ (print name) 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 and eliminate any activity that causes pain or severe discomfort that affects the regular breathing pattern.

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 here by agree to irrevocably release and waive any claims that I have now or hereafter may have against Rescue Yoga, LLC (Jennifer Alterman).

Signature of Student, parent or guardian

Date