CHARLOTTE FAMILY YOGA CENTER

Name_____ DOB _____ Today's Date_____

Address_____

(Required for ID purposes We don't send mail) *Street* *City* *State* *Zip*

Email _____ Phone: _____

To receive studio announcements and updates once a month – email addresses are strictly confidential, never shared.

Please describe your past yoga experience and present practice, if any:

_____

_____

How did you hear about Charlotte Family Yoga Center? _____

Health Information

Age_____ Who to contact in case of emergency: Name_____ Phone_____

Please describe any health related conditions that you have (or have had in the past) that conceivably could affect your yoga practice including, but not limited to: bone, muscle, ligament, tendon problems or injury; heart, lung, high blood pressure, back or neck pain, back or neck injury, epileptic, diabetic or thyroid conditions, pregnancy. (It is important that you inform each yoga instructor of health conditions to help us work with your individual needs).

_____

_____

Are you currently on any medications? For what condition(s)? Please describe any known side effects of these medications (e.g. change of heart rate, lack of coordination, etc.) that may impact your yoga practice.

_____

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, _____, hereby agree to the following:

1. That I am participating in this yoga class during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in this yoga class. I represent and warrant that I am physically fit and have no medical condition that would prevent my full participation in the yoga class.
3. In consideration of being permitted to participate in the yoga class, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.
4. In further consideration of being permitted to participate in the yoga classes, health programs, or workshops, I knowingly, voluntarily and expressly waive any claim I may have against the instructor or the owner or leaseholder of the building for injuries or damages that I may sustain as a result of participating in classes or workshops held by Charlotte Family Yoga Center.
5. I, my heirs, or legal representative of such forever release, waive, discharge and covenant not to sue Charlotte Family Yoga Center, Diane Cevallos, any of Charlotte Family Yoga Center's instructors, or the leaseholder or owner of the building for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Date:_____ Signature of Participant:_____