

The Anjali Yoga Room

Completion of both sides of this form is required BEFORE participating in Classes, Workshops, Personal Training and/or other activities at The Anjali Yoga Room.



REGISTRATION FORM DATE: _____

All information you provide will be kept confidential. We want to provide for your specific needs and answering to the best of your ability will aid in this. As agreed to on The Waiver Form, this information is only an aid for instructors and any further guidance or information given to you is not intended to replace any current advice or care of your physician or doctors. Feel free to provide more comments or speak with instructors directly over any concerns you may have. Thank You for your honesty and confidence in these matters...

NAME: _____ DOB _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____ OTHER: _____

EMERGENCY CONTACT PERSON: _____

EMERGENCY CONTACT PHONE: _____

REFERRED BY: _____

Please Check any of the symptoms or conditions that you have had or are currently experiencing.

- | | | |
|-----------------------|------------------------|--------------------------|
| Addictions _____ | Depression _____ | Knee Injury _____ |
| Asthma _____ | Diabetes _____ | Knee Surgery _____ |
| Anxiety _____ | Digestion _____ | Leg Injury _____ |
| Arthritis _____ | Fatigue _____ | Leg Surgery _____ |
| Arm Injury _____ | Fibromyalgia _____ | Multiple Sclerosis _____ |
| Arm Surgery _____ | Glaucoma _____ | Parkinson's _____ |
| Backache _____ | Heart Conditions _____ | Pregnancy _____ |
| Back Injury _____ | Headaches _____ | Sciatica _____ |
| Back Surgery _____ | Hernia _____ | Scoliosis _____ |
| Blood Pressure _____ | Hip Injury _____ | Spinal Injury _____ |
| Carpal Tunnel _____ | Hip Surgery _____ | Spinal Surgery _____ |
| Circulation _____ | Hypoglycemia _____ | Stress _____ |
| Chronic Fatigue _____ | Insomnia _____ | Whiplash _____ |

Any other conditions or concerns, please list here: _____

Any goals you are hoping to accomplish with Yoga: _____

THANK YOU SO MUCH FOR JOINING US ON THIS REMARKABLE JOURNEY!!!

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AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, _____, being of 18 years or older*, have decided to participate in YOGA (Including all classes, workshops, private sessions and/or any activity instructed at The Anjali Yoga Room, REGARDLESS OF INSTRUCTOR, Name or Style) and HEREBY AGREE TO THE FOLLOWING:

I have made this choice in recognition and appreciation that there will be known and unknown risks, dangers and hazards which could injure or kill me which may be encountered in YOGA, which may include or result from the negligence, gross negligence or recklessness of The Anjali Yoga Room, Independent Contractors instructing classes or my fellow students. With this in mind, I DO HEREBY VOLUNTARILY ASSUME ALL RISKS, DANGERS AND HAZARDS which I may encounter during my participation in YOGA. In addition, I declare that I intend to be financially responsible for any death or injury that may occur to me during or as a result of such participation.

I am aware that participation in a sport or Yoga may result in accident, death or injury, and I ASSUME the risk connected with the participation in a sport or Yoga and I represent that I AM in good health and suffer from No physical impairment which would limit my use of The Anjali Yoga Room's facilities or my ability to follow instruction from a Yoga Instructor or Independent contractor (Including: Joanne Sanchez, Linda Ransom, Narina Hornung, and Rebecca Appl).

I ACKNOWLEDGE that Yoga Instructors have not and will not render any medical services including medical diagnosis of my physical condition and that any instruction given from Yoga Instructors or at The Anjali Yoga Room DO NOT replace the services and advice of my physician and are not a substitute for medical and/or therapeutic counseling or treatment.

I understand that The Anjali Yoga Room, Anyone rendering services at The Anjali Yoga Room, including Independent Contractors, RESERVE THE RIGHT TO REFUSE SERVICE TO ANYONE.

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.

By my signature, I represent that I have knowingly and voluntarily signed this AGREEMENT with the intent that it be a legally binding document designed to protect The Anjali Yoga Room and All Independent Contractors, including; Joanne Sanchez, Linda Ransom, Narina Hornung, and Rebecca Appl from all CLAIMS which could be brought by myself or anyone else on account of injury or death to me, regardless of cause or fault.

SIGNATURE: _____ DATE: _____
ADDRESS: _____
TELEPHONE: _____

*I, _____, am the PARENT/ LEGAL GUARDIAN of _____ . By my signature below, I agree to all terms and conditions listed above.

SIGNATURE of parent/legal guardian: _____ DATE: _____