

PARTICIPANT REGISTRATION & INFORMATION FORM

Your Privacy

This information on this form is collected for the purpose of providing you the requested service. Your contact information may also be used to keep you informed of new classes or services offered by The Yoga Loft. Your personal information will not be used for any other purpose, except with your consent or as required by law. Your information is collected by The Yoga Loft and will not be shared or disclosed to any other person or organization, except as may be authorized by you or authorized by law. Your personal information will be retained only as long as necessary for the fulfillment of the above-stated purposes.

Information

| | | | |
|----------------------------|----------------|-----------------|----------------|
| Name: | _____ | Home # : | _____ |
| | | Cell # : | _____ |
| Address: | _____ _____ | E-mail: | _____ |
| Class name: | _____ | Male: | Female: |
| Class location: | _____ | Age: | _____ |
| Preregistered Cost: | _____ | Payment: | _____ |

Your fitness level:

Are you new to yoga? Yes No, I have been practicing yoga for _____

How often do you exercise? 1 2 3 4 5 6 7 (please check one) per week month

Is there any reason why you can't exercise regularly? _____

Your medical history

Do you have any existing medical conditions as determined by a health care provider that may affect your ability to participate in the class (e.g. heart or respiratory conditions)? _____

Do you have any problem with your neck, back, shoulders, hip, wrists, knees?

If yes, please specify:

Are you pregnant? _____

If yes, when is the predicted birth date? _____

If yes, do you have consent from a health care provider if planning to practice yoga? _____

Do you know of any reason, not listed above, why you should not participate in physical activity?

Please advise of any health problems not covered.

CONSENT AND WAIVER OF LIABILITY

PLEASE READ AND SIGN BELOW

I am not aware of any health conditions that I may have that would suggest to me that I should not participate in this class. I have not been advised not to participate in this class by a qualified health care provider. Further, I understand that, as with any physical activity, there is risk of serious physical and I further understand that yoga practice and/or some yoga poses/exercises are not recommended for individuals with certain medical conditions and I should consult my doctor in this regard.

I understand that Joey Henderson/The Yoga Loft staff uses this Waiver and Release for classes instructed and held by Joey Henderson/The Yoga Loft staff at the facility of *The Yoga Loft*, in which I may participate.

In consideration of permitting me to participate in this class, on behalf of myself and my executors, administrators, heirs, next of kin, successors, and assigns, I waive, release, discharge and promise to indemnify and not to sue Joey Henderson/The Yoga Loft staff for any claims, including those arising from their own negligence, for any liability arising from my death, disability, personal injury, property damage or property theft, and any other claims for damages I may have now or in the future, related directly or indirectly to my participation in this class and my traveling to and from this class.

I understand that this Consent and Waiver will be used against me in any proceeding in which I make any claim of any kind against Joey Henderson/The Yoga Loft staff.

I consent to receive emergency medical treatment if I am injured during the class. In case of emergency, please contact:

NAME: _____ **PH#** _____

| | |
|------------------------------|-------------|
| _____ | Date: _____ |
| Your Signature (Participant) | |

Parent or Guardian Waiver of Minors: (Under 18 Years of Age): I am the parent, natural guardian and/or legal guardian of _____, who is a minor, and who is participating in this yoga class/workshop/personal training session/fitness class, and in such capacity, on my behalf and on the behalf of the minor participant, I agree to the terms and conditions set out above and I release Joey Henderson/staff of The Yoga Loft on behalf of the minor participant and the parents and/or legal or natural guardian(s) of the participant in accordance with those terms and conditions.

Signature of Parent or Guardian: _____

Date: _____