

# SIMPLY YOGA FORT WAYNE REGISTRATION FORM

The information you provide here confirms your registration and enables the understanding of your yoga experience and health, so that the highest level of safety and care can be provided to you. Your information is considered private and will remain strictly confidential, in accordance with Simply Yoga's Privacy Policy.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Would you like to receive our email newsletter? YES NO

1. Do you have any ongoing medical conditions and/or injuries? YES NO

If yes, provide details: \_\_\_\_\_

2. Are you pregnant? YES NO If yes, how many weeks? \_\_\_\_\_

3. Do you have any yoga experience? YES NO

4. How did you hear about Simply Yoga? \_\_\_\_\_

It is essential that students retain full responsibility for their own physical well-being in applying instructions in the practice of yoga to their own circumstances, both during and outside classes. Simply Yoga Fort Wayne provides instructions to students in the practice of yoga strictly on that basis. Simply Yoga Fort Wayne will not accept liability for any injury or loss suffered by students in their practice, whether during or outside class.

**Injuries are extremely rare in yoga, but we are required to ask you to sign the release below.**

I acknowledge that it is my duty to exercise ordinary care for the protection of others and myself while attending yoga classes at Simply Yoga.

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.

I accept responsibility for informing Simply Yoga about any medical conditions, injuries, pregnancy or changes to my health that may affect my practice, prior to a class commencing.

I understand that I am participating in yoga 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 participate at my own risk and accept responsibility for any loss or injury suffered and will not hold Simply Yoga or its instructions responsibility for any loss or injury.

I understand and accept that in order to properly teach and correct yoga technique, physical contact between student and instructor may be necessary. Simply Yoga undertakes to ensure that such contact is always applied in a professional manner as required for yoga instruction and correction. I consent to such contact as is considered necessary by the instructor or will accept responsibility for notifying the instructor(s) of my concerns about such physical contact prior to practicing at Simply Yoga.

Finally, I understand that at any time I feel dizzy or in pain, I will stop and notify the instructor. The practice of yoga is fundamentally about honoring the body and its needs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date