joyful yoga

Name_____ DOB:____/_____/____

Phone_____Zip_____

Email addresses remain confidential. We do not share with any other third party!

Email

1. How did you hear about Joyful Yoga Studio?

_____

2. Please indicate any physical conditions or disabilities, current or chronic, medications or allergies that might limit participation in class.

_____

3. What specifically would you like to accomplish at Joyful Yoga Studio?
a)_____b)_____c)_____

4. What other activities do you participate in?
a)_____b)_____c)_____

5. Current Health Fitness? (Circle one) Excellent Good Fair Poor

6. Would you like to learn more about our Wellness Therapies? Check all that apply.

❍ Therapeutic Bodywork ❍ Reiki ❍ Thai Yoga Massage ❍ Yoga Therapy ❍ Ayuverda

❍ Essential Oils ❍ Sound Healing ❍ Meditation

_____

I understand that Yoga, Pilates, Pound, TRX, Barre, and Zumba include physical movements as well as an opportunity for relaxation, stress reduction, and relief of muscular tension. I recognize that exercising may require some physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher.

Yoga, Pilates, Pound, TRX, Barre, and Zumba <u>are not substitutes</u> for medical attention, examination, diagnosis, or treatment. These forms of exercise are not recommended and are not safe under certain medical conditions. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any of the Joyful Yoga Studio classes, lessons, or workshops. I represent and warrant that I am physically fit and I have no medical condition which would prevent my participation.

I knowingly, voluntarily and expressly waive any claim I may have against Joyful Yoga Studio, its owner, its members, instructors, or staff for any injury or damages that I may sustain as a result of participating in the program or from any and all liability arising out of or connected to the use of photograph(s) as stated above.

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

Signature:_____ Date: _____
Parent/guardian required for individuals under 18

DO NOT WRITE BELOW THIS LINE: For Studio Staff
Follow up with client (Circle one) Yes/No Date _____ Staff member _____
Follow up method (Circle one) Email/Phone Notes _____