



prana YOGA

INSTITUTE OF YOGA AND HOLISTIC HEALTH

One Breath. One Community. Every Body.

Student Information:

Date: _____

First Name: _____

Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Cell: _____

Date of Birth: (mm/dd/yyyy) _____

Email Address: _____

Would you like to receive emails from us?: Check: Yes ___ or No ___

Emergency Contact:

Contact Name: _____

Contact Number: _____

Relationship: _____

How did you hear about us?

Newspaper: ___ Internet: ___ Flyer: ___ Referral: ___ Other: _____

Please List any physical conditions, illnesses, or limitations that we should be aware of below.

Pranayoga School of Yoga and Health

Please arrive promptly for class to begin and remove shoes before entering the studio space, so not to disturb the other students. Lockers are available to hold valuables during class time. It is best to practice yoga approximately 1 ½ hrs after eating, and to wear comfortable layers of clothing. Drop-ins are welcome if there is space, but it is best to register ahead of time or online to guarantee a space in class. If you have a reservation and need to cancel, 24 hours notice is recommended. All class packages are non transferable and non refundable. Class Passes expire 12 months from purchase date. Welcome!!! And Namaste'

Informed Consent Waiver

"I, _____, have hereby enrolled in a yoga program, which at times may provide strenuous physical activity. I hereby affirm that I am in good physical condition and do not suffer from any disability, which would prevent or limit my participation in this exercise program."

In consideration of my participation at Pranayoga School of Yoga and Health yoga and health programs, I _____ for myself, my heirs and assigns hereby release Pranayoga, it's employees and owners, from any claims, demands, and causes of action arising from my participation in these programs.

I fully understand that I may injure myself as a result of my participation in the Pranayoga School of Yoga and Health Programs, and I, _____, hereby release Pranayoga from any liability now or in the future including but not limited to heart attacks, muscle strains, broken bones, or any other illness, soreness, or injury, however caused occurring, during, or after my participation in the exercise program.

I hereby affirm that I have read and fully understand the above

Signature _____ **Date** _____

Parent Signature(if under 18) _____