

Registration / Waiver *please print*



Student name: _____

Birth date: _____

Parent/guardian (if under 18): _____

e-mail address: _____

Mailing address: _____

Phone(s): _____

Emergency Contact	Name: _____
	Relationship: _____ Phone: _____

Class Preferences:

1st choice: Mon Tues Weds Thurs Fri Sat Sun Time: _____

2nd choice: Mon Tues Weds Thurs Fri Sat Sun Time: _____

Health Information:

List any medical condition of the **heart, blood vessels, spine, neck, joints, and eyes** below.

List any **recent injuries** and/or **surgeries**.

Indicate if you are **pregnant** and your due date.

Waiver

I understand that yoga includes physical movements of varying intensity levels aimed toward bringing me, the student, into balance physically and mentally. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will respond to my body, adjust the posture or technique, and ask for support from the teacher.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. For certain medical conditions, some yoga techniques are not safe and are not recommended. I understand that the teacher will offer verbal guidance and physical assistance, but I alone am responsible for how I choose to practice yoga.

I also agree that Mary McInnis Meyer and Field of Yoga are in no way responsible for the safekeeping of my belongings while I attend class.

I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Mary McInnis Meyer or Field of Yoga.

Signature of student or parent /guardian Date