



Registration Form

Please fill out this form and give it to the instructor

Name _____ Today's Date _____

Address _____
Street City State Zip

Email _____ Phone: _____

To receive studio announcements and updates – strictly confidential

Please describe your past yoga experience and present practice, if any: _____

How did you hear about Omkarra Yoga? _____

Health Information

Age _____ Who to contact in case of emergency: Name _____ Phone _____

Please describe any health-related conditions that you have or have had in the past that conceivably could affect your yoga practice – including, but not limited to: bone, muscle, ligament, tendon problems or injury; heart lung, high blood pressure, back or neck pain or injury, epileptic, diabetic, or thyroid conditions, pregnancy. (It is important that you inform each yoga instructor of health conditions to help us work with your individual needs).

Are you currently on any medications? For what condition(s)? Please describe any known side effects of these medications (e.g. change of heart rate, lack of coordination, ect.) that may impact your yoga practice.

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I am delighted to have you as a Yoga student. The following information will help you get the most out of your Yoga classes and clarify my role as a Yoga teacher. Please read and sign below.

All exercise programs involve risk of injury. By choosing to participate in my Yoga classes, you voluntarily assume a certain risk of injury. It is always advisable to consult your physician before embarking on any exercise program. The following guidelines will help you reduce your risk of injury:

- Listen to and follow my instructions carefully.
- Breathe smoothly and continuously as you move and stretch.
- Do not hold your breath or strain to attain any position.
- Work gently, respecting your body's abilities and limits.
- Don't perform postures or movements that are painful.
- Ask me if you are unsure how to perform a certain movement.
- Menstruating women should not practice inverted postures.
- Pregnant women must consult their health care provider before enrolling in class.

Awareness is fundamental to the practice of Yoga. It is your responsibility as a student to monitor each activity and determine whether it is appropriate for you to participate. Though I am your teacher, you remain primarily responsible for your safety and well-being.

As a professional, I am responsible for providing competent Yoga instruction. I am not responsible for ensuring the safety of my students beyond providing competent instruction. By signing this form, you hereby release **Michelle Muttart** and **Omkarra Yoga Studio** from any and all liability for injuries that are not directly and proximately caused by my professional negligence.

I, _____, have read, understand, and agree to the content of this Professional Disclosure Form and Release.

(Print your name)

Signature of Participant _____ Date _____

If participant is under 18: As a legal guardian of this participant, I consent to the above terms and conditions.

Signature of Guardian or Parent: _____