

Registration & Release Form

Welcome to Innovative Yoga Healing & Wellness with Amanda Hobbs. Please fill out this form completely and inform us of any changes. ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL.

Name _____

Phone _____ Email _____

Occupation _____

Emergency contact: _____ (phone) _____

How did you find out about these yoga classes? _____

Have you ever participated in yoga classes in the past? **Yes / No**

If yes how long ago and what style were you practicing? _____

Has your doctor advised you not to exercise? **Yes / No**

Are you exercising now? **Yes / No**

If yes what type of exercise? _____

Please note any physical limitations that your instructor should be aware of for example: high blood pressure, diabetes, asthma, epilepsy, eye problems, osteoporosis, recent surgery, colitis, hearing or ear problems ect: _____

Do you experience numbness or soreness in neck, shoulders, elbows, hands, wrists, hips, back, knees, ankles, feet, other? **Yes/No**

If so please describe? _____

Prenatal/ Postnatal Students:

Estimated due date / babies age? _____

Is this your first baby? **Yes / no**

Have you had any complications with your pregnancy? **Yes / no**

If yes please explain? _____

Note: Any program of physical activity will involve a certain amount of strenuous exercise. For this reason, it is suggested that registrants with any concerns whatsoever check with their doctor before beginning yoga classes.

Release & Waiver

I understand the above information, to the best of my knowledge is correct. I further understand that I should use caution and only practice to my own comfort level. I will discontinue any exercise that causes pain or discomfort. I will advise my instructor, Amanda Hobbs if my health status changes . My doctor is aware that i am participating in yoga, prenatal yoga or postnatal yoga classes. I hereby assume all risks of injury or damage to my property during these classes, or incidental thereto, howsoever occurring. I release Innovative Yoga Healing & Wellness, Amanda Hobbs, Serendipity Lane, Yoga, Fitness & Holistic Health and all affiliates from any claims and demands or liabilities for any injury to my person or to my property in any way arising out of or incidental to my participation in, or presence during these physical activity classes. I have read the policies of Innovative Yoga Healing & Wellness with Amanda Hobbs as outlined and agree to abide by them.

Signature _____ Date _____