

Welcome! How did you hear about my classes?

NAME _____

ADDRESS _____

CITY _____

POSTAL CODE _____

EMAIL _____

PHONE _____

Have you done yoga before? _____ Are you pregnant? _____ Trimester _____ Do
you currently have any injuries? Yes [] No []

If yes, please explain: _____

Do you have any medical conditions? (E.g. high blood pressure) Yes [] No []

If yes, please explain: (list medications) _____

Why are you taking a yoga class? [] Relieve stress
[] Relaxation (body/mind)
[] To enhance the mind-body link [] Rehab and injury
[] My doctor suggested yoga [] Personal enjoyment

PLEASE READ & SIGN

I take full responsibility for my voluntary participation
to work at my own capacity. I release the instructor from liability resulting from any injury or
discomfort from my attendance and participation.

Signature _____ Date _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME: _____

PHONE NUMBER: _____

Yoga With Karyn

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