

GENTLE HATHA YOGA REGISTRATION FORM

Ed and Maude Valentine, Instructors

Class date and time: _____ Location: _____

Name _____

Age _____ Height _____ Weight _____

Address _____

Email _____

Phone (Home) _____ (Work) _____

Experience with stress management techniques, yoga or meditation:

Current exercise program:

Please list any prescription or non-prescription medications you are taking, and what they are for:

Please list any history of surgeries, major illnesses, chronic conditions, accidents, injuries or psychiatric care you have had and the approximate dates:

What is your primary reason for taking this program/session?

Please fill out both sides of this form

ACKNOWLEDGEMENT AND WAIVER

I, _____, acknowledge that Ed and Maude Valentine, the Yoga Teachers who I will be working with, have informed me that Yoga is not a medical procedure; and, the Yoga Teachers will not be providing a diagnosis or treatment of any medical problems or concerns that I may have. I understand that Yoga Therapy is a process of integration intended to facilitate wholeness and self-awareness. I also understand that I am solely responsible for my health, safety and well being. I agree that I will inform the Yoga Teachers of any activity or movement, which I cannot safely perform, and that I will not perform any activity or movement that I feel is likely to cause me to injure myself. I agree to hold the Yoga Teachers harmless from any and all responsibility for any injury, which I may sustain during or as a result of my Yoga sessions or classes.

Dated: _____

Signed: _____

What you'll need for the class

Yoga matt - 2 blankets - wear loose fitting clothing - as a courtesy to others in the class, please refrain from using strong perfumes or deodorants.

Please consult your doctor before starting any exercise program.

Please fill out both sides of this form and return as soon as possible to:

Ed and Maude Valentine
Mail to PO Box 11252, Tacoma, WA 98411
or Fax to (253) 475-6091