



Blossoming Yogis

Kindly complete both sides of this form before class. Thank you!

Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work phone: _____

Cell: _____ Email: _____

Emergency Contact: _____ Phone: _____

Would you like to receive emails from us about upcoming classes and events? Yes No

Do you have children? Yes No If so, what age(s)? _____

Have you practiced yoga before? Yes No

If so, what style & for how long? _____

HEALTH INFORMATION

Please list any physical limitations, health conditions or injuries you may have: _____

What treatments have you undertaken? _____

Please list any medications you are currently taking: _____

What do you hope to learn / gain by taking this workshop? _____

Yoga is a physical exercise. If you have any serious medical conditions, please check with your physician before participating. It is your responsibility to inform your instructor of any limitations you may have.

I have answered the above questions, fully and truthfully, to the best of my knowledge, regarding my health and medical conditions.

Signature

Date

Printed Name

Property and Personal Liability Release for Participation in Yoga Classes with Blossoming Yogis

PLEASE READ CAREFULLY BEFORE SIGNING:

I fully appreciate, understand, and acknowledge the fact that yoga may be strenuous and that there exists certain inherent risks and hazards. I choose to voluntarily participate in classes offered by Blossoming Yogis, and by participating, assume, in any programs offered by Blossoming Yogis, full responsibility for all risks.

I understand that it is my responsibility to consult with my health care practitioner prior to my participation in yoga classes, workshops, or other programs offered by Blossoming Yogis. I assume full responsibility for my participation. Written permission from a healthcare provider may be required if you have a preexisting condition.

I willingly agree to comply with the above stated terms and conditions for participation. If, however, I observe any unusual significant hazard or unusual situation during my participation, I will remove myself from participation and bring such to the attention of the nearest teacher or official of Blossoming Yogis.

By signing this document, I hereby release, discharge and hold harmless Blossoming Baby LLC, DBA Blossoming Yogis, as well as their agents, tenants, managers, employees and teachers, from any and all liability in connection with any injury to my person or damage or loss to my property incurred during a class, workshop, private lesson, event or party offered at any location including my home.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signed _____ Date _____

Print Name _____