



Name _____

Address _____

Email _____

Tel _____ Date of Birth _____

Emergency contact _____

Emergency contact Tel _____

Have you practiced yoga before? _____

If yes how long? _____

What do you hope to gain from practicing yoga? _____

General Health Do you have any medical condition? Please provide details

Physical injuries/disabilities/ailments Are there any areas of concern within your body?

Yoga allows you to work at your own level to improve your flexibility, strength and general health. It is not competitive, and postures can be adapted with props to assist extension and increase mobility. During class, the Teacher will provide verbal cues inviting you to move and breathe in a particular way, these cues are guidelines only. If at any time during the class, you feel discomfort or strain, gently come out of the posture. You may rest at any time during the class. Pregnant women should ask for specific advice. Those with special health considerations should consult their medical practitioner before performing any exercise.

I, the undersigned, understand that yoga is not a substitute for medical attention, examination, diagnosis, or treatment.
I accept that neither the instructor, nor the hosting facility, is liable for any injury, or damages, to person or property, resulting from the taking of the class. Those under 18 years of age must have this form signed by a parent or guardian.
I have read and fully understand this form and accept the terms stated above. I confirm that, to the best of my knowledge, the answers given by me are correct and accurate. I know of no reason why I should not participate in any form of physical exercise or any activity suggested to me by an employee or representative of Wild Path Yoga. I agree to notify you of any future changes to the above answers.

Name (print)	Signature	Date
_____	_____	_____

Parent/guardian	Signature	Date
_____	_____	_____