



YOGADURANGO

Contact sheet and student waiver agreement

Name: _____

Address: _____

Phone: _____

Email: _____

How did you hear about us? _____

Can we add you to our email list ? Yes No

(We send out 1 email per month, at most, and do not share contact info outside of Yogadurango.)

Do you exercise regularly? _____ If yes, what form? _____

Have you ever taken a formal yoga class? _____

If yes, when and for how long? _____

Do you practice yoga at home? _____ How often? _____

Medical Information

Are you currently under a doctor's care? _____

If so, why? _____

Are you taking any medication? _____ Please list (if any) _____

Do you have any physical challenges or illness that may require adjustment in this form of exercise? _____

Please explain: _____

If you are under the care of a medical doctor or chiropractor for any reason, please check with them to be sure that yoga is an appropriate exercise for you.

I _____(print name) understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against my instructor or Yogadurango.

Signature of student, parent or guardian

Date