



amama  
yoga

# Welcome to Amama Yoga!

Date: \_\_\_\_\_

## New Student Info:

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

May we contact you by email with class information, schedule updates and events?

Yes  No

Phone: \_\_\_\_\_

Medical History (Please list all health impairments, injuries and surgeries):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Yoga History (if new to yoga, what are your interests, concerns or questions? If you practice,

please share how long & style of yoga): \_\_\_\_\_

\_\_\_\_\_

## Emergency Contact :

Name: \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

We are joyful you are present. THANK YOU!

# Waiver of Liability & Disclosure Form:

Please read, initial & sign.

1. I understand there is an inherent risk associated with any exercise program including my voluntary participation in yoga that may result in injury. The exercise related to yoga will challenge my cardio-respiratory and musculoskeletal systems associated with the aerobic, anaerobic, strength, power, agility, flexibility and breathing components of the program. I understand and am aware that the components of exercise/yoga are potentially hazardous activities and may cause injury. (\_\_\_\_\_)
2. I acknowledge that I have either had a physical examination and/or have been given permission from my physician to participate in a yoga based exercise program or that I have decided to participate in an exercise program voluntarily and without the approval of my physician and do hereby assume all responsibility for my participation in any exercise/yoga or activity associated with Amama Yoga. (\_\_\_\_\_)
3. I certify that I am physically well and suffering from no medical problems, conditions, impairments, diseases, or any other illness that would prevent my full participation or increase my risk of injury and/or illness as a result of my full participation or increase my risk of injury and/or illness as a result of partaking in any exercise/yoga program or other activities or workshops. (\_\_\_\_\_)
4. I, my heirs, or legal representatives, do hereby forever waive and release Amama Yoga, its members, teachers, agents and employees from any and all liability and responsibility from injury, accident, illness, legal and medical fees sustained now or in the future resulting from my participation in any exercise/yoga activity, workshop or use of any equipment. (\_\_\_\_\_)
5. I understand that Amama Yoga may provide an area for personal belongings to be held during class, however I agree that Amama Yoga is in no way responsible for the loss or damage of my belongings while I attend any programs, classes or workshops. (\_\_\_\_\_)
6. I acknowledge that I have read this waiver of liability form. I fully understand its terms and conditions, and understand that I am waiving and giving up my right to sue Amama Yoga, its teachers, members, agents and employees. I acknowledge that I am signing this agreement voluntarily and intend by my signature for this to be a complete and unconditional release of liability to the greatest extent allowable by law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If participant is under 18 years old:

As legal guardian of \_\_\_\_\_,

I consent to the above terms and conditions.

Signature of parent/guardian \_\_\_\_\_ Date: \_\_\_\_\_