

Avon Lake Yoga

379 Lear Road · Avon Lake, Ohio 44012 · www.avonlakeyoga.com

ENROLLMENT FORM

Today's Date: _____ Name: _____

Birthday: _____ Email Address: _____

Phone Numbers: (Home _____ (Cell) _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

WAIVER OF LIABILITY/INFORMED CONSENT:

I _____ have enrolled in a program of physical activity including but not limited to various yoga and meditation exercises offered by Avon Lake Yoga. I am in good physical condition and do not suffer from any disability that would prevent my participation in this program.

If I do have a physical condition, which limits my participation, I take full responsibility for moderating my activity and being aware of my own limitations. I will keep in communication with my teacher and ask questions while listening to instructions carefully. I have told my health professional about taking this program.

In consideration of my participation with Avon Lake Yoga's exercise and health program, I _____ for myself and my family, release Avon Lake Yoga (its employees and owners), from any claims, demands, and causes of actions arising from my participation in the exercise program and I, _____ hereby release Avon Lake Yoga from any liability now or in the future including but not limited to muscle strains, pulls, tears, broken bones, shin splints, heat prostration, heart attacks, knee, lower back, or foot injuries and any other illness, soreness, or injury however caused, occurring during or after my participation in this exercise program.

I have read and fully understand the above. _____

PREGNANCY, PHYSICAL, OR MENTAL CONDITIONS:

We wish to serve you in our fullest capacity. Please inform us of any physical and/or mental conditions that would be helpful for your teacher to know. (This information will be kept confidential.) _____

I have informed my health care provider that I am taking yoga during my pregnancy, and he/she has approved this activity. Initial: _____ Date: _____