



## *Welcome to Qavah Yoga and Wellness*

Please complete this registration form prior to taking your first class.

Name:  Date:

Address:

City:  State:  Zip:

Phone:  Email:

Birthday:

How did you hear about Qavah Yoga?

☐ Friend:  ☐ Advertisement:

☐ Online:  ☐ Other:

What do you hope to gain from your yoga practice?

Please state any medical limitations we should know about:

Please indicate whether you have ever had or currently have any of the following:

- |  |   |                                    |   |                                 |
|--|---|------------------------------------|---|---------------------------------|
| <input type="checkbox"/> Heart Attack    | <input type="checkbox"/> Heart Surgery      | <input type="checkbox"/> Stroke    | <input type="checkbox"/> High Blood Pressure      | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Asthma             | <input type="checkbox"/> Back Pain | <input type="checkbox"/> Bone or Joint Conditions | <input type="checkbox"/> Smoker |
| <input type="checkbox"/> Retina Problems | <input type="checkbox"/> Currently Pregnant |                                    |   |                                 |

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### **Release of Responsibility**

I, the undersigned, release Qavah Yoga and all affiliated parties from any liability in performance of yoga classes in consideration for being permitted to attend said classes. I recognize that participating in yoga demands certain physical challenges and that injuries can result from participation. I understand that if I have any questions regarding my ability to participate in yoga classes, I should seek medical clearance from my physician.

I hereby certify that I have read and understand the above and have had the opportunity to ask any questions which I might have, and those questions have been answered to my satisfaction. I further release any representative of Qavah Yoga owners and subcontractors/employees from any and all liability arising from my participation in yoga classed with Qavah Yoga.

**I affirm that I have read and understand the above and agree to this release.**

Print Name: \_\_\_\_\_ Participant Signature: \_\_\_\_\_