

Yoga in Chairs Registration Form

Name: _____

Daytime Phone: _____ Evening Phone: _____

Email address: _____

Emergency Contact Name/relationship: _____ Phone: _____

Have you ever done yoga before? Yes No

If yes above, what type of yoga have you done, where and approximately when?

Are there particular concerns you have about doing yoga? _____

Do you have any specific physical limitations I should be aware of? *(For example: neck or back problems, arthritis, pregnancy, eye problems such as glaucoma, hip or knee replacements, high blood pressure, recent surgery, etc.)*

Do you do any other form of physical exercise? _____

Any other comments or questions? _____

I understand that Yoga is a physical activity. I agree not to hold the Center for People with Disabilities or the instructor liable for any physical injury I may sustain during the yoga class. ***If I have any concerns about this activity I will contact my doctor.*** I realize that there are potential risks of physical injury associated with any form of exercise program. Knowing and understanding the potential risks associated with this program, I hereby expressly assume all risks of injury, which could occur in this yoga program. I have had an opportunity to ask questions and any questions I have asked have been answered to my complete satisfaction.

Signed: _____ Dated: _____