

# New Student Registration

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

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

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

Profession: \_\_\_\_\_

How did you hear about this class? \_\_\_\_\_

What do you hope to get from taking a yoga class? \_\_\_\_\_

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Yoga trainings and workshops are considered low risk physical activity, utilizing props for support, with a focus on body awareness. The teacher's responsibility is to use her knowledge and training to deliver safe instruction and advice. However, there are many factors that influence yoga's effect on an individual that depend on states of health and fitness.

Please note the following to maximize your safety and experience in class:

- ◆ If you have been diagnosed with fibromyalgia, please let the teacher know at the start of your program. Sometimes students with fibromyalgia get a lot of opening during class – so much so that it is difficult for them to keep that opening and then later that day, or the next, they don't feel well. We generally recommend not having adjustments if you have Fibromyalgia so do let your teacher know that you would prefer not to have an adjustment if asked.
- ◆ For students with high blood pressure, detached retina/glaucoma, or if you have an injury, please remind your teacher of this condition before every class and/or follow any directions she gives regarding modifications for your specific conditions(s) during class. Most importantly, listen to your body and if you have pain, let the teacher know – they can help.
- ◆ Please get your doctor's approval if you have had any injury or surgery before participating in class.
- ◆ If you are pregnant, please let the teacher know prior to the start of class.
- ◆ If you have had an organ transplant, we regret that this is not an appropriate style of yoga for you. You should not participate in any of our classes, workshops or trainings.

Please tell us about any health or medical conditions you have:

Fibromyalgia \_\_\_\_\_

Migraines \_\_\_\_\_

Pregnant – if so, how long? \_\_\_\_\_

Bulging Discs \_\_\_\_\_

Asthma \_\_\_\_\_

High Blood Pressure \_\_\_\_\_

Back Pain \_\_\_\_\_

Neck Pain \_\_\_\_\_

Carpal Tunnel \_\_\_\_\_

Other (explain) \_\_\_\_\_

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When you experience changes in your health or physical condition, please make your instructor aware of this before the start of class.

I, \_\_\_\_\_ (please print name) understand that yoga includes physical movement as well as an opportunity for relaxation, stress reduction and relief of muscular tensions. As is the case with any physical activity, the risk of injury, even serious or disabling injury, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will LET MY TEACHER KNOW and I will listen to my body. I understand that I may choose to discontinue any pose or activity at any time during class.

Bliss Through Yoga encourages students to let the teacher know if they experience pain during class – usually we can prop the student for more comfort and more effective release and if not, we can offer a substitute pose.

I understand and accept that yoga is not a substitute for professional medical advice or treatment and that if I have had an injury, have had surgery or if I am pregnant I should get my doctor's approval to participate in this yoga program before doing so. I also understand that the practice of yoga not only involves the physical effort, but may also call upon my mental, emotional and spiritual resources.

I understand that it is my responsibility to inform the teacher (at the beginning of every class I take) if I have any health condition or injury/surgery information that may affect my ability to participate fully in class (those conditions mentioned on the first page of this document or any other conditions that you feel would adversely affect your ability to participate in class).

I recognize and accept that it is solely my responsibility to ensure that:

- ◆ I will work at my own pace, will not strain and will rest when necessary
- ◆ I will not engage in any activity that feels inappropriate
- ◆ I am physically able to participate in yoga classes and workshops
- ◆ I will inform the teacher if I am pregnant or have any preexisting conditions
- ◆ There is no medical reason to prevent my participation in this program
- ◆ I will accept all responsibility for my well-being once inside this property

I have read and understand the above recommendations. I assume full responsibility during and after a yoga session to apply, at my own risk, any portion of the information or instruction that I receive. I hereby agree to release and waive any and all claims that I now have, or hereafter may have against Bliss Through Yoga, Svaroop® yoga, its teachers, staff, agents, employees, successors and assigns.

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