



Yoga Connexion

GROW STRONG - DO YOGA

Name: _____

Address: _____

City: _____ **Postal Code:** _____

Email: _____ **Phone:** _____

1) How did you hear about this yoga center?

- Community Newspaper
- Word of mouth
- Poster
- Other _____

2) Have you ever practiced yoga before?

- Yes If so, which style _____
- No

3) What is your aim in practicing yoga?

- Stress reduction
- Mental clarity
- Spiritual growth
- Overall wellbeing
- Confidence
- Managing a particular illness _____
- Flexibility
- Weight management
- Other reasons: _____

4) Are you experiencing:

- High blood pressure
- Heart disease
- Dizzy spells
- Epilepsy
- Neck or spine injury
- Pregnancy
- Any serious illness _____

*** Please notify your instructor of the above, so that he/she can give you appropriate instructions and postures.**

(please turn over) ⊗

Waiver/Agreement

Asana (yoga posture) means posture easily held. If at any time during the class, you feel discomfort or strain, gently come out of the posture and rest in one of the relaxation poses. You may rest at any time during the class. It is important in yoga that you listen to your body, and how far it wants to go in the poses on any given day. One way you can tell if you are straining is by watching the breath – if the breath becomes shallow or halting, you have gone too far in the pose.

I, the undersigned, recognize that it is my responsibility to notify my instructor of any medical condition or injury before every yoga class. I am also aware that I should not hold any posture when there is excessive strain. I accept that the instructor is not liable for any injury resulting from my participation in any of the yoga classes.

I, the undersigned, also accept that the instructor is not obligated to refund any portion of my payment in the event of my absence from class.

Name

Signature

Date