

Red Elephant Yoga

Registration and Release Form
(Please Print)

Name _____

Address _____

City _____ Zip _____

Phone (Home) _____ (Work) _____

Email _____

What is your intention in attending this class? _____

Have you taken a yoga class before? _____ When/where? _____

How did you hear about this class? _____

Do any of the following apply to you? (Check all that do)

- | | | |
|--|---|---|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Asthma, breathing problems | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Digestive problems, colitis
diarrhea | <input type="checkbox"/> Eye problems, glaucoma,
detached retina | <input type="checkbox"/> Fatigue, sleep disorders |
| <input type="checkbox"/> Hearing, ear problems | <input type="checkbox"/> Heart condition | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Kidney, bladder problems | <input type="checkbox"/> Menopause | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> PMS | <input type="checkbox"/> Pregnant-
Due Date _____ | <input type="checkbox"/> Psychiatric history |

Other (please explain)

Do you have any numbness/pain in:

- Neck shoulders elbows hands wrists hips lower back upper back
 Knees ankles feet other (please note)

Symptoms _____

Is there any other reason why you should limit your physical activity? ie, other medication, physical conditions, recent surgery) _____

Are you currently being treated for any of these conditions checked above? _____ By whom?

- Physician Naturopath Acupuncturist Chiropractor Massage Therapist
 Other, please specify _____

Please list any prescribed medication you are taking on a regular basis, its purpose and how it affects you. _____

Waiver of Liability

In consideration of Charlotte Ranz accepting the application of the undersigned for participation in the yoga program, I, the undersigned, hereby release and forever discharge Charlotte Ranz, yoga instructor, and the owners of any properties in which she teaches yoga of and from all actions, caused, arising out of, or in any way connected with, the participation of the undersigned, and notwithstanding that the same may have been contributed to or occasioned by the negligence of the releasees or any of them. I also acknowledge and understand that a risk of personal injury may be involved in the exercises. I therefore agree to follow instructions carefully. I agree to take full responsibility for not exceeding my limits in the practice of yoga, and for any injury or discomfort I might experience in the practice of yoga. I accept that it is my responsibility to ascertain if there are any medical reasons why I should not study and practice yoga. I understand that I may injure myself during yoga class.

I have read and fully understand the above waiver of liability.

Signature _____ Date _____