

Student Yoga

Name of Student: _____ Date of birth: _____

Name of Parent/Primary Contact: _____

Mailing Address: _____

City: _____ Postal Code: _____

Cell Phone: _____ Home Phone: _____

Secondary Emergency Contact:

Name: _____ Relationship: _____

Cell #: _____ Work or Home #: _____

Please convey the following information to your child:

Any injury, and or pain felt, should be mentioned to the teacher at the first possibility. This information helps your yoga teacher instruct more effectively.

Asana (yoga posture) means posture easily held. If it's too hard or if it hurts, you can stop! You may rest at any time during the class.

It is important in yoga that you listen to your body, and respect its limits on any given day.

Please list any current injury or pain:

Release/Waiver

I understand that Yoga classes and Yoga facilities may involve inherent risks including but not limited to, physical activity which may result in bodily injury in consideration of Abby Yoga Studio (formerly Eileen's Studio for Yoga & Wellness) accepting this registration/participation. I for myself, my heirs, executors, administrators and assigns, releases and hold harmless Abby Yoga Studio from any claims, demands, damages, actions or causes of actions arising out of or in consequence of any loss, injury or damage to my person or property incurred while practicing Yoga at any time or place.

I acknowledge that Abby Yoga Studio, it's principals and teachers bear no liability for accidents or injury incurred by myself or any family member while engaged in Yoga classes or any other activity on or off the premises.

I have read this document carefully. I understand that signing this document may affect my legal rights, including the right to sue from the date below onward for as long as I continue to study through Abby Yoga Studio.

Parent/Guardian's Name (Print)

Date

Parent/Guardian's signature

To receive newsletter or class cancellation emails: _____ email address _____