

## Registration & Health Form

*Please complete this form prior to your first class  
(Please Print)*

I am committed to protecting your privacy. No information will be provided to any outside parties. The information you provide is strictly for me so that I can get a general understanding of your needs/goals.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Would you like to receive my quarterly e-mail Newsletters & information updates? Yes No (circle one)  
\*Please know that your email address is never shared to anyone else.

Have you practiced yoga before? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

### Emergency Information:

Emergency Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_ (911 will be dialed for emergencies if needed)

What do you want yoga to do for you? \_\_\_\_\_

How did you hear about De-Stress with Yoga? \_\_\_\_\_

Are you currently pregnant? \_\_\_\_\_, or have been pregnant within the last 3 months? \_\_\_\_\_

*\*\*If you are trying to conceive or do become pregnant in the future it is your responsibility to notify the instructor to make necessary modifications.*

Please list any injuries, illness, surgeries, arthritic areas or any other medical conditions you have including high blood pressure and asthma. This is very important! \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Precautions:**

**In your best interest, consult your health care provider before taking this or any exercise program.**

**Release of Liability:**

I \_\_\_\_\_(print name) understand that yoga includes physical movements as well as an opportunity for relaxation, stress reduction and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly. To reduce the risk of injury of any kind, never force, strain or overstretch/exert yourself unnaturally. I understand that I know my body’s strengths and limitations better than anyone, and I will not push myself beyond my limits. This is very important! De-Stress with Yoga, “Mimi” Michelle Strzelewicz strongly advises that you seek the advice of your physician before practicing yoga. Safety precautions and proper use of the yoga environment are rigorously practiced. Please use discretion while practicing yoga, as the instructor cannot be held responsible for personal bodily injury or the loss of any property belonging to students participating in the yoga class. Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I also understand that an emergency protocol has been planned. In the event an emergency situation occurs, I am financially responsible for any emergency services that may be necessary. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against (Mimi) Michelle Strzelewicz, De-Stress with Yoga. Please sign below to show that you understand the above statements and agree with these terms and conditions. The information I have given on this form is to be best of my knowledge complete and accurate.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian if under 18 years of age**

**By signing above, the participants of this program disclaim any liability and/or loss in connection with the Yoga exercises demonstrated or the instructions and advice expressed within the class sessions by the authorized instructor, Mimi Strzelewicz and De-Stress with Yoga.**

Cancellations must be made **at least 24 hours in advance** of the class. Cancellations made less than 24 hours in advance will be required to pay for the class. “No shows” will be required to pay for the missed class.

\*Please know that in cases where 24 hour notice is not possible (i.e., sudden illness or family emergency) this rule will be waived and you will not be responsible for payment for the class missed.