

Student Name

First (print) : _____

Last (print) : _____

Home Address

Street (print) : _____

City: _____ State: _____ Zip: _____

Phone

Home : _____ Cell: _____

Email : _____

Emergency Contact

Name (print) : _____

Relationship to contact: _____ Phone: _____

Have you or are you experiencing any of the following?

- | | | | |
|--------------------------|-------------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | Asthma | <input type="checkbox"/> | Recent surgery, specify: _____ |
| <input type="checkbox"/> | Low or High Blood Pressure | | _____ |
| <input type="checkbox"/> | Heart/Circulatory problems | | _____ |
| <input type="checkbox"/> | Neck/Back/Spine injury | | _____ |
| <input type="checkbox"/> | Dizzy Spells/Fainting | <input type="checkbox"/> | Other: _____ |
| <input type="checkbox"/> | Diabetes | | _____ |
| <input type="checkbox"/> | Muscular injury | | _____ |
| <input type="checkbox"/> | Joint-injury: | | _____ |
| | ankle/knee/hip/elbow/shoulder | | |

- I am a participant in Yoga Classes, Pilates Classes, Health Programs or Workshops offered by Living Simplicity. I recognize that Yoga/Pilates require physical exertion, which may be strenuous and may cause physical injury. If at any time during the class I feel pain or strain, I will gently come out of the posture/exercise and inform the teacher at once. I understand that I can rest at any time during the class, and that it is important that I listen to my body and respect its limits on any given day.
- I understand that during classes at Living Simplicity, teachers may physically adjust me. I release all personnel employed at Living Simplicity, from any claim whatsoever on account of adjustments, treatment or service rendered during my participation in Yoga Classes, Pilates Classes, Health Programs or Workshops.
- I the undersigned understand that Yoga and Pilates are not substitute for medical attention, examination, diagnosis or treatment. I understand that I should consult a physician prior to beginning any activity program, including Yoga and Pilates. I recognize that it is my responsibility to notify my teacher of any serious illnesses or injury before every class. I will not perform any posture or exercise to the extent of strain or pain.
- I accept and understand that neither the teacher, nor the hosting facility, is liable for any injury or damages, to person or property, resulting from taking the class. Those under 18 years of age must have this form signed by parent or guardian. My signature below confirms my understanding of the information above. I have had the opportunity to ask any questions and I have had them answered to my satisfaction.

Signature of Participant:

_____ Date: _____

Signature of parent/guardian of participant: (Print Name): _____

_____ Date: _____