

# Lesa Kingsbury/Amba Yoga

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE(s) \_\_\_\_\_

AGE \_\_\_\_\_ OCCUPATION \_\_\_\_\_ E-MAIL \_\_\_\_\_

1. I have previously done yoga \_\_\_yes\_\_\_no style of yoga \_\_\_\_\_

Other current exercise regimen \_\_\_\_\_

2. List any areas of your body that are movement restricted: \_\_\_\_\_

3. Reasons for coming to yoga (stress, strengthen, flexibility) \_\_\_\_\_

4. Please check what applies to you: \_\_\_Pregnant\_\_\_ Glaucoma/Detached Retina  
\_\_\_Herniated Discs (where?)\_\_\_ High Blood Pressure \_\_\_Recent Surgery (list)\_\_\_  
\_\_\_Spinal Injuries\_\_\_ Heart Condition Other \_\_\_\_\_

## **GENERAL:**

I agree to take full responsibility for not exceeding my own physical limitations in the practice of yoga. I will hold Lesa Kingsbury (or anyone who substitute teaches for her) harmless for any injury or discomfort I might suffer during my participation in In-person group classes, or individual private lessons taught by Lesa Kingsbury. I further hold Lesa Kingsbury harmless for any of her online recordings or Zoom group classes or private lessons I choose to engage in, aware I will be creating my own space to do yoga at home or another remote location, and will have no teacher there to provide hands-on support or adjustments.

It is my sole responsibility to know or ascertain that there is no medical reason to prevent my participation in any associated yoga activity. If I am under the care and supervision of a physician or other medical professional. I will consult with that professional before beginning yoga or returning to yoga class. I acknowledge that Lesa Kingsbury (or anyone who substitute teaches for her) cannot and will not render any medical advice or medical services, including a standard medical diagnosis of my physical condition.

In signing here, I waive any claim that I might have at any time for injury or physical harm of any sort against Lesa Kingsbury, as well as any center or location she holds classes within.

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

I voluntarily agree to the terms and conditions stated above.

\_\_\_\_\_  
Signature (Parent's signature required if under 18 years of age) Date

\_\_\_\_\_  
Print Name Contact number (for class cancellation)