

# AMBA YOGA CENTER

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, open, etc.): \_\_\_\_\_

4. Please check what applies to you: \_\_\_Pregnant\_\_\_ Glaucoma/Detached Retina\_

\_\_\_Herniated Discs (where?)\_\_\_ High Blood Pressure \_\_\_Recent Surgery

\_\_\_Spinal Injuries \_\_\_Heart Condition Other \_\_\_\_\_

5. How did you hear about the Center? \_\_\_\_\_

## **GENERAL:**

I agree to take full responsibility for not exceeding my own physical limitations in the practice of Yoga, and for any injury or discomfort I might suffer during my participation in In-Person group classes / individual private lessons at Amba Yoga Center; or in any Online group classes/private lessons; or in any Center activities.

It is my responsibility to ascertain that there is no medical reason to prevent my participation in any associated Center 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 the Amba Yoga Center, instructors and staff have not and will not render any medical services including medical diagnosis of my physical condition.

## **ONLINE LIVESTREAM OR RECORDED CLASSES / PRIVATE LESSONS:**

If I am practicing yoga at home, and using a prepared instruction provided by any instructor associated with the Amba Yoga Center, I understand that there can be no hands-on guidance or support, and I will take full and complete responsibility for any strains, slips, falls, or mishaps of any kind. Also, if I am given prepared instructions written or recorded, this information may not be shared with other persons, or uploaded or shown online, shared via email or in any social media. It is for you, the individual's personal use only.

In signing here, I waive any claim that I might have at any time for injury or physical harm of any sort against the Amba Yoga Center, its owners, instructors, staff or any person in any way involved therein.

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