

# WAIVER/REGISTRATION FORM

to be completed by all new students (must be signed before class)

# just yoga

53 East Broadway  
Vancouver BC V5T 1V4  
www.justyoga.ca

Today's date (d/m/y) \_\_\_\_\_

Full name and initial (please print) \_\_\_\_\_

Date of birth (d/m/y) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

Contact telephone number \_\_\_\_\_ Email \_\_\_\_\_

I do not want to receive just yoga's e-newsletter  
or special offers or events reminders

## HELPFUL INFO

How did you hear about us? \_\_\_\_\_

### How much yoga have you practiced before?

absolute beginner

a few times

more than 20 times

advanced yogi

yoga teacher

### Are you interested in any of these?

yoga for anxiety & fear  meditation

yoga for releasing anger  partner yoga

relaxation workshop  kundalini yoga beginners

dance

Why do you want to practice yoga/meditation? \_\_\_\_\_

## HEALTH DECLARATION & RELEASE OF LIABILITY

Please give details below of any injuries, medical conditions, limitations etc that might affect your ability to practice physical exercise or meditation comfortably?

(Ladies), are you pregnant? (if yes please tell us how many months) y / n \_\_\_\_\_ (if yes please consult teacher)

## WAIVER & RELEASE - Please read carefully and sign below. Must be aged 17 or over.

I understand that yoga includes physical movements as well as an opportunity for relaxation. I am fully aware of the risk of injury and acknowledge that I am practicing yoga, meditation and wellness activities at my own risk. If I experience any pain or discomfort, I will listen to my body, rest as necessary or adjust the posture, and ask for support from the teacher. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any yoga class. I represent and warrant that I am physically fit and am able to fully participate in any yoga class today or in future. I will advise the teacher if I am pregnant or have a medical condition. It is my own responsibility to decide whether to practice yoga if pregnant. I understand that teachers may make hands-on adjustments in class, and make the necessary physical contact to do so. I understand that instruction and advice given to me by instructors at Just Yoga Vancouver does not take the place of medical advice.

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 hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Just Yoga (Vancouver) or any teacher or representative of Just Yoga (Vancouver). I knowingly, voluntarily and expressly waive any claim I (or my child) may have against Just Yoga (Vancouver) and its teachers, staff and owners.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

On behalf of (legal guardian of) \_\_\_\_\_ (please print name)

# yoga with heart & soul