

**Mountain Song Yoga Student Profile & Agreement of Release and Waiver of Liability**

\*Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Phone \_\_\_\_\_

City of Residence \_\_\_\_\_

\*Email \_\_\_\_\_

Emergency Contact's Name \_\_\_\_\_ Emergency Contact's Phone \_\_\_\_\_

How did you hear about Mountain Song Yoga? \_\_\_\_\_

\*Yoga experience (circle):      New to Yoga      A Few Classes      Practice Intermittently      Regular Practitioner

How often do you exercise? (circle)      Never      Rarely      Sometimes      Often      Daily

Do you have any physical limitations that could be aggravated by exercise? (Injuries, hernia, high blood pressure, back, neck, knee, or shoulder problems? Etc.) Please explain \_\_\_\_\_

Do you wish to receive hands on posture adjustments from the teacher? (circle)      Yes      No

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

**It is your responsibility to inform the instructor of your limitations before class begins.**

Yoga has many benefits, but it is not guaranteed to cure any disease or ailment.

Pushing one's body through some discomfort in order to improve is okay, but Yoga should NOT be painful. If I start to experience pain at any time, I will stop and rest to avoid potential injury. I will clearly communicate when any hands on assists given by the yoga instructor are causing excessive discomfort or pain to avoid potential injury. Listen to your body!

I represent and warrant that I am in good physical health and do not suffer from any medical condition which would limit my participation in the yoga classes offered. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any of the yoga classes, programs, or workshops. I understand the risks associated with the activities offered and I agree to follow all instructions so that I may safely participate in classes, workshops, or other activities.

I hereby WAIVE AND RELEASE the yoga instructor (Michelle (Shelle) Kuntz, RYT 200), property owners, and associates from any claim, demand, cause of action of any kind resulting from or related to my participation in the classes offered. In taking part in the yoga classes, workshops, or other activities, I understand and acknowledge that I am fully responsible for any and all risks, injuries, or damages, known or unknown, which might occur as a result of my participation in the classes, workshops, or other activities. I have read the above release and waiver of liability and fully understand its content. I am legally competent to sign and voluntarily agree to the terms and conditions stated above.

*Please practice mindfully and enjoy the many benefits of practicing yoga.*

**If I have scheduled a private session and need to cancel or reschedule the class, I will give at least 24 hours advance notice or charges will still apply.**

\*Print name: \_\_\_\_\_

\*Signature: \_\_\_\_\_ \*Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

**If participant is under 18:**

As Parent or Legal Guardian of \_\_\_\_\_, I consent to the above terms and conditions.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\* INDICATES REQUIRED INFORMATION – THANK YOU!**