



[www.ThePostureProject.com](http://www.ThePostureProject.com)

678-494-3450

Namasté, (The Light in Me sees the Light in You)

Yoga is practice of self healing that brings all parts of You (Mind, Body, Spirit) into union. Since Yoga is a practice of self love and self acceptance, we are practicing patience and acceptance of ourselves in this moment. We are beginning right where we are (body condition, emotional state) in every class and we progress from there.

We are promoting the exercise of body awareness. **Never do anything that hurts.** Be aware of the difference between a good stretch and a strain. Back off and/or take breaks during poses as is necessary for you own body. Be gentle and know when not to push any further. **Never use force.**

1. **Turn off cell phones** and other noise making gadgets during class.
2. **No shoes on the blue yoga floor.**
3. **Do not wear heavy perfume.**
4. **Be on time. If late, do not enter class during meditations (approx. 1<sup>st</sup> & last 10 min. of class)**
5. **Do not eat during the one hour prior to your yoga practice.** If you must eat, eat a small amount of something light (like fruit). Full tummies restrict breathing.
6. **To avoid soreness,** drink plenty of water to flush out toxins that are being dislodged from the muscles and joints from your classes. Epsom salts bath after class is a good remedy, too.
7. Take your yoga home with you! **We have our very own streaming yoga videos available online to enhance your daily yoga practice @ [www.ThePostureProject.com](http://www.ThePostureProject.com)!**

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RELEASE OF LIABILITY: As a participant of yoga or any other class at **The Posture Project**, I understand that I am applying for instruction which may involve physical, emotional, and/or mental activity and there may be a risk involved. I agree to assume the risk and responsibility for my body and any kind of injuries or damages suffered by me arising out of my participation.

I have read and understand this statement dated \_\_\_\_\_ Signature: \_\_\_\_\_

Birthday: mo. \_\_\_\_\_ /day \_\_\_\_\_ Printed Name: \_\_\_\_\_

Are you 60 or over? Y or N

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Providing your email allows you to get our updates, current events, and updated schedules**

Your Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Their phone: \_\_\_\_\_

Referred By: \_\_\_\_\_ Have you done yoga before? Y or N  
(ex: Name of Person, Drive-by, internet, name of advertisement)

Any injuries, conditions, or limitations that the instructor needs to be aware of? Y or N  
If Yes, please give a brief description:

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Circle if you have: **high blood pressure** retinal detachment **herniations of spine** surgeries  
carpal tunnel symptoms **heart conditions** joint injuries