



Welcome to O'Shea Yoga

New Student Information

Your Name _____ Phone (____) _____

Address _____

Email _____ DOB ____/____/____

Would you like to receive important e-mail updates about events & workshops?

YES _____ NO _____

Emergency Contact _____ Relationship _____

Emergency Contact's Phone (____) _____

How did you find out about O'Shea Yoga? _____

Medical History (Please list on back of form all injuries, surgeries, or medical restrictions)

How long have you been practicing Yoga?

First Time ____ Less than a month ____ 6-12 months ____ Over 1 year ____

What are you looking to gain from this class?

STUDENT WAIVER AGREEMENT

I _____ (print name) understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension.

Participation in yoga class includes, but is not limited to, participation in meditation techniques, yogic breathing techniques, and performing various yoga postures. Yoga postures, or asanas, are designed to exercise every part of the body—stretching and toning the muscles and joints, the spine and the entire skeletal system. They also work on the internal organs, glands and nerves. Yoga incorporates sustained stretching to strengthen muscles and increase flexibility. Yoga is an individual experience.

As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. My signature acknowledges I understand that in yoga class I will progress at my own pace. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly. If at any point I feel overexertion or fatigue, I will respect my body's limitations and I will rest before continuing yoga practice.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. 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 TEACHER.

By signing my name below, I acknowledge that participation in yoga classes exposes me to a possible risk of personal injury. I am fully aware of this risk and hereby release TEACHER from any and all liability, negligence or other claims arising from or in any way connected with my participation in yoga class.

My signature further acknowledges that I shall not now or at any time in the future bring any legal action against TEACHER; and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors and my assigns. My signature verifies that I am physically fit to participate in yoga classes and a licensed medical doctor has verified my physical condition for participation in this type of class.

If I am pregnant or become pregnant or am post-natal, my signature verifies that I am participating in yoga classes with my doctor's full approval. I realize that I am participating in yoga classes at my own risk.

I agree to let *O'Shea Yoga* use my photograph, video, and/or waive any rights of compensation or ownership thereto.

Student Etiquette:

Class Arrival....We strongly recommend that you arrive five minutes before class starts to select the props you may need and to settle into your space. There will be a five-minute grace period for individuals who arrive late. If you arrive within this grace period, please quietly slip into the nearest open space. After the five-minute grace period, the door will be closed by the person working the front desk and entry into the class will not be permitted.

Early Departure... If you know you have to leave class early, please arrive early enough so that you can find a space as close to the exit door as possible. Also, upon leaving, please leave your props on the floor and slip out of class as quietly as possible. We greatly thank you for your cooperation.

My signature is binding to this liability waiver from this day forth.

_____ Date _____

Signature of Student, Parent or Guardian