

Welcome to Crossties Yoga

Please complete this brief registration form prior to taking a class for the first time.

Name: _____

Date: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Email: _____ **Birthday:** _____

How did you hear about Crossties Yoga?

Friend? _____ **Online?** _____ **What site?** _____

Other? _____

What do you hope to gain from your yoga practice? _____

Please state any medical limitations we should know about?

Have you ever had a heart attack, heart surgery, or stroke? _____

Do you have, or have you ever had the following...

High blood pressure? _____ Diabetes? _____ Cancer? _____

Asthma? _____ Bone or joint conditions? _____ Retna problems? _____

Are you pregnant? _____ Do you smoke? _____ Back pain? _____

What is your level of fitness? _____

Have you practiced yoga before? _____

Release of Responsibility

I, the undersigned, release Crossties Yoga and all affiliated parties from any liability in performance of yoga classes in consideration for being permitted to attend said classes. I recognize that participating in yoga demands certain physical challenges and that injuries can result from participation. I understand that if I have any questions regarding my ability to participate in yoga classes, I should seek medical clearance from my physician.

I hereby certify that I have read and understand the above and have had the opportunity to ask any questions which I might have, and those questions have been answered to my satisfaction. I further release any representative of Crossties Yoga owners and subcontractors/employees from any and all liability arising from my participation in yoga classes at Crossties Yoga.

I affirm that I have read and understand the above and agree to this release.

Print Name: _____

Participant Signature: _____

“Beloved, I pray that you may enjoy good health and that all may go well with you, even as your soul is getting along well.” (3John 1:2)