

Welcome! Yoga Student Information & Release Form



NAME _____ ADDRESS _____

TELEPHONE _____ E-MAIL _____

PLEASE MAKE CHECKS PAYABLE TO JANE FITZGERALD

Birthdate _____ Occupation _____

Any Previous Yoga? Yes / No (circle one) Any Previous IYENGAR-style Yoga? Yes / No (circle one)

What physical limitations, injuries, problems, concerns do you have? Please explain if necessary.

(Note: when you come to class, inform instructor if you have any **new conditions** or if any of these conditions have **changed**.)

condition	✓	explain
pregnancy (if yes, due date)		
mind and emotions		
menstrual problems		
menopause problems		
high blood pressure (if yes, is it medicated?)		
heart condition		
glaucoma, detached retina, macular degeneration		
back pain, surgeries		
knee pain, surgeries		
muscular, fascia, tendons, ligaments		
glandular, digestive organs		
Other		

How did you hear about us? _____ saw sign walking by studio/class
 _____ from a friend _____
 _____ CWE Guide - Booklet / Online (circle one)
 _____ flyer posted at _____
 _____ online / yellow pages / Spirit Seeker (circle one)
 _____ Other _____

Agreement of Release and Waiver of Liability

I _____, hereby agree to the following:

1. That I am participating in the yoga classes or workshops offered by Jane Fitzgerald, her substitutes, assistants, or general instructors, during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
 2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the yoga classes or workshops. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation
 3. In consideration of being permitted to participate in the yoga classes or workshops, I agree to assume full responsibility for risks, injuries or damages--known or unknown--which I might incur as a result of participating in the program.
 4. In consideration of being permitted to participate in the yoga classes or workshops, I knowingly, voluntarily and expressly waive any claim I may have against Jane Fitzgerald, her substitute teachers, assistants or guest instructors, the owners and leaseholders of the premises or their agents for injury or damages that I may sustain as a result of participating in the program.
 5. I, my heirs or legal representative forever release, waive, discharge and covenant not to sue Jane Fitzgerald, her substitutes, assistants, or guest instructors, the owners, and leaseholders of the premises or their agents for any injury or death caused by their negligence or other acts.
- I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature of participant _____ Date _____

If participant is under 18 years of age: As Legal Guardian of _____ I consent to above terms & conditions.

Signature of Parent/Guardian of Participants _____, Witnessed by _____

Mail to: Jane Fitzgerald 4429 Laclede Ave. St. Louis, MO 63108

office only