



**Registration**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone Number \_\_\_\_\_

Please take a moment and tell us about yourself:  
Your yoga experience:

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Any health/medical history we need to be aware of:

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Your reasons for this Yogic Studies Program:

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**Release**

I am aware that the teachers at Karma Yoga Studio are here to serve me by sharing knowledge of yoga and wellness. I recognize that yoga requires physical activity that may be strenuous at times. By my participating in these classes, I represent to you that I am physically fit and agree to take full responsibility for not exceeding my limits in the practice of yoga and for any injury I might suffer in the practice of yoga. It is my responsibility to ascertain that there is no medical reason to prevent my participation. In consideration for Karma Yoga Studio's teaching, I assume full risk for any injuries that I may incur and waive any person or entity in anyway involved therewith.

I have fully read the above release and fully understand and agree to the above.

Signature \_\_\_\_\_ Date \_\_\_\_\_