

Thousand Miles Yoga Registration and Attendance Record

*** please print clearly ***

Name: _____ Phone: _____ Cell: _____

Adresse: _____ City: _____ State: _____

ZIP code: _____ Email: _____ Birthday: _____

Occupation: _____ How did you hear about us? _____

Yoga Background: _____

Would you like to be on our mailing list? Yes No

Injuries and Medical History (please be specific; use back if necessary):

Please read carefully: I am aware that Thousand Miles Yoga (TMY) is here to serve me by sharing knowledge of Forrest Yoga, and health. By my participation in classes or activities made available by TMY, I agree to take full responsibility for not exceeding my limits in the practice of yoga or for any reason to prevent my participation. In consideration for TMY operating, I waive any claim that I might have at any time for injury of any sort against TMY or any person or entity in any way involved therewith. With any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience pain or discomfort, I will listen to my body, adjust the posture, and inform my teacher. I will continue to breathe calmly. I will go at my own pace, rest when I need to, and respect signals from my body as well as its limitations. I know that 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 Thousand Miles Yoga and John Paul Roggenkamp. I have carefully read the release, fully understand, and agree to the above.

Signed: _____ Date: _____