



Studio Address:
443 Carlisle Dr.
Herndon, VA 20170
571-265-4559

Yoga Health Form and Release

Name _____ E-mail address: _____

Phone (Home/Work/Cell) _____

Emergency Contact Name and Number: _____

Address _____

How do you prefer to receive communications? _____

Female/Male _____ Age _____ Occupation _____

Do you currently have a yoga or meditation practice? If yes, please list which technique(s) you are practicing?

How is your health? Mental _____ Physical _____

Please list any medications you are taking: _____

Do you have any injuries that may conflict with a yoga practice? If yes, please list.

My decision to take the Seven Spiritual Laws of Yoga class is a personal decision. I have not been made any promises or guarantees that I will receive any benefits or specific results. I understand that Yoga is not a substitute for treatments or services ordinarily provided by health care professionals for physiological or psychological complaints. I also agree that should I require medical advice, I will obtain such advice and any subsequent treatment at my own expense. I agree to participate only within my range of physical comfort. I release The Ayurvedic Path, Inc. and The Chopra Center, LLC and all it's instructors from any liability for injuries occurring now or in the future, during or after my participation in these exercises. I have read and understand this agreement and intend to be legally bound by it. My signature below constitutes my acceptance of the conditions expressed in the agreement.

Name (please print) _____

Date _____

Signature _____

I have received a copy of the cancellation and make up policy. Please initial here: _____

