



Our Place Yoga Registration Form

Please complete this form and return it to Michael Mather at:

Email: mmather@arc-sd.com , Mail: 3030 Market Street, San Diego, CA 92102

or Fax: (619) 234-3759

Name: _____ Date: _____
First Name Last Name

Address: _____
Street City State ZIP Code

Email: _____ Phone: _____

Emergency Contact: _____ Phone: _____
First Name Last Name

Are you currently receiving services from The Arc? Yes No If 'yes', what program(s)? _____

Please describe any previous yoga experience : _____

Age: _____

Health Information

Health Related Conditions:

Please list any conditions (current or past) that could conceivably affect your yoga practice (i.e. back or neck pain, seizure, etc.).

Current Medications:

Please list medications along any known side effects that could affect your yoga practice (i.e. increased heart rate, lack of coordination, etc.).

Agreement of Release & Waiver of Liability

I, _____, hereby agree to the following:

1. That I am participating in this yoga class during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion that 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 this yoga class. I represent and warrant that I am physically fit and have no medical condition that would prevent my full participation in the yoga class.
3. In consideration of being permitted to participate in yoga class, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the class.
4. In further consideration of being permitted to participate in the yoga classes, health programs, or workshops, I knowingly, voluntarily and expressly waive any claim I may have against the instructor or The Arc of San Diego for injuries or damages that I may sustain as a result of participating in classes or workshops.
5. I, my heirs, or legal representative of such forever release, waive, discharge and covenant not to sue The Arc of San Diego and its officers, directors, employees, agents, sponsors, in-kind donors or volunteers and any of its yoga instructors 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 or conserved: - As legal guardian of this participant, I consent to the above terms and conditions:

Signature of guardian/conservator: _____ Date: _____