

UNIVERSAL YOGA SEATTLE WORKSHOPS & TEACHER TRAINING
Registration & Health Form

Name: _____ Date of Birth: _____ (optional)
Home Phone: _____ Cell or Work Phone: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Email: _____
How did you hear about us? _____
Emergency Contact: _____ Phone: _____

Please read carefully:

Are you pregnant, if Yes, how many months? _____
Do you have any physical limitation that could be aggravated by exercises?
I.e. back, neck, shoulder or knee problems? Recent surgeries or injuries?
Yes _____ No _____ If so, please explain:

Do you have a history of heart disease?	Yes	No
Do you have chest pain during exercise?	Yes	No
Do you have high blood pressure (above 140/90)?	Yes	No
Do you have frequent dizzy or fainting spells?	Yes	No

If you answered yes to any these questions, consult your physician **before** attending any class. If you have a history of heart disease, we require your doctor's permission to participate in our exercise program.

I am participating in a yoga class instructed by Andrey Lappa, assisted by Katerina Wen during which I will receive information and instruction in yoga. I recognize that yoga requires physical exertion, which may be strenuous and may cause physical injury and I am fully aware of the risks involved. I understand that it my responsibility to inform the instructor of any injuries and medical conditions that may affect my participation. I certify that my level of health determined by my physician or me will allow me to safely participate in this program. In consideration of this, 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. I hereby waive and release any claim that I might have at any time for injury of any sort against Andrey Lappa, or any person or entity in any way involved therewith, including without limitations its principals, instructors, employees, agents and representatives.

I have read the above release and waiver of liability and fully understand its contents and voluntarily agree to the terms and conditions stated above.

Signature _____ Date Signed: _____
Print name: _____

Register for TT____, Drop-ins, please list dates: _____
 AMOUNT PAID \$ _____ DATE / / Check# _____ Cash Credit
Card # _____ Exp date: _____

Check payable to Yogi Way & MAIL TO: 1421 N. 34th Street, Seattle, WA 98103
universalyoga@YogiWay.org (206) 412-2085

namaste